

Reprinted

FILED FEB 8 1995

SENATE FILE 118
BY COMMITTEE ON HUMAN RESOURCES

(SUCCESSOR TO SSB 50)

Passed Senate, Date ^(p.397) 2/20/95 Passed House, Date 4-10-95
Vote: Ayes 37 Nays 11 Vote: Ayes 96 Nays 1
Approved April 18, 1995

A BILL FOR

1 An Act relating to the development and implementation of a
2 coordinated statewide trauma care delivery system and
3 providing penalties and immunity from liability.

4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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S.F. 118

1 Section 1. NEW SECTION. 147A.20 TITLE OF DIVISION.

2 This division may be cited as the "Iowa Trauma Care System
3 Development Act".

4 Sec. 2. NEW SECTION. 147A.21 DEFINITIONS.

5 As used in this division, unless the context otherwise
6 requires:

7 1. "Categorization" means a preliminary determination by
8 the department that a hospital or emergency care facility is
9 capable of providing trauma care in accordance with criteria
10 adopted pursuant to chapter 17A for level I, II, III, and IV
11 care capabilities.

12 2. "Department" means the Iowa department of public
13 health.

14 3. "Director" means the director of public health.

15 4. "Emergency care facility" means a physician's office,
16 clinic, or other health care center which provides emergency
17 medical care in conjunction with other primary care services.

18 5. "Hospital" means a facility licensed under chapter
19 135B, or a comparable emergency care facility located and
20 licensed in another state.

21 6. "Trauma" means a single or multisystem life-threatening
22 or limb-threatening injury, or an injury requiring immediate
23 medical or surgical intervention or treatment to prevent death
24 or permanent disability.

25 7. "Trauma care facility" means a hospital or emergency
26 care facility which provides trauma care and has been verified
27 by the department as having level I, II, III, or IV care
28 capabilities and issued a certificate of verification pursuant
29 to section 147A.23, subsection 2, paragraph "c".

30 8. "Trauma care system" means an organized approach to
31 providing personnel, facilities, and equipment for effective
32 and coordinated trauma care.

33 9. "Verification" means a formal process by which the
34 department certifies a hospital or emergency care facility's
35 capacity to provide trauma care in accordance with criteria

1 established for level I, II, III, and IV trauma care
2 facilities.

3 Sec. 3. NEW SECTION. 147A.22 LEGISLATIVE FINDINGS AND
4 INTENT -- PURPOSE.

5 The general assembly finds the following:

6 1. Trauma is a serious health problem in the state of Iowa
7 and is the leading cause of death of younger Iowans. The
8 death and disability associated with traumatic injury
9 contributes to the significant medical expenses and lost work,
10 and adversely affects the productivity of Iowans.

11 2. Optimal trauma care is limited in many parts of the
12 state. With health care delivery in transition, access to
13 quality trauma and emergency medical care continues to
14 challenge our rural communities.

15 3. The goal of a statewide trauma care system is to
16 coordinate the medical needs of the injured person with an
17 integrated system of optimal and cost-effective trauma care.
18 The result of a well-coordinated statewide trauma care system
19 is to reduce the incidences of inadequate trauma care and
20 preventable deaths, minimize human suffering, and decrease the
21 costs associated with preventable mortality and morbidity.

22 4. The development of the Iowa trauma care system will
23 achieve these goals while meeting the unique needs of the
24 rural residents of the state.

25 Sec. 4. NEW SECTION. 147A.23 TRAUMA CARE SYSTEM
26 DEVELOPMENT.

27 1. The department is designated as a lead agency in this
28 state responsible for the development of a statewide trauma
29 care system.

30 2. The department, in consultation with the trauma system
31 advisory council, shall develop, coordinate, and monitor a
32 statewide trauma care system. This system shall include, but
33 not be limited to, the following:

34 a. The categorization of all hospitals and emergency care
35 facilities by the department as to their capacity to provide

1 trauma care services. The categorization shall be determined
2 by the department from self-reported information provided to
3 the department by the hospital or emergency care facility.
4 This categorization shall not be construed to imply any
5 guarantee on the part of the department as to the level of
6 trauma care services available at the hospital or emergency
7 care facility.

8 b. The issuance of a certificate of verification of all
9 categorized hospitals and emergency care facilities from the
10 department at the level preferred by the hospital or emergency
11 care facility. The standards and verification process shall
12 be established by rule and may vary as appropriate by level of
13 trauma care capability. To the extent possible, the standards
14 and verification process shall be coordinated with other
15 applicable accreditation and licensing standards.

16 c. Upon verification and the issuance of a certificate of
17 verification, a hospital or emergency care facility agrees to
18 maintain a level of commitment and resources sufficient to
19 meet responsibilities and standards as required by the trauma
20 care criteria established by rule under this division.
21 Verifications are valid for a period of three years or as
22 determined by the department and are renewable. As part of
23 the verification and renewal process, the department may
24 conduct periodic on-site reviews of the services and
25 facilities of the hospital or emergency care facility.

26 d. To defray the costs of this division, the department
27 may establish fees. Hospitals or emergency care facilities
28 not pursuing or not granted a certificate of verification as a
29 trauma care facility are exempted from any fee assessment.
30 All fees generated shall be deposited in the emergency medical
31 services fund established in section 135.25.

32 e. This section shall not be construed to limit the number
33 and distribution of level I, II, III, and IV categorized and
34 verified trauma care facilities in a community or region.

35 Sec. 5. NEW SECTION. 147A.24 TRAUMA SYSTEM ADVISORY

1 COUNCIL ESTABLISHED.

2 1. A trauma system advisory council is established. The
3 following organizations or officials may recommend a
4 representative to the council:

- 5 a. American academy of pediatrics.
- 6 b. American college of emergency physicians, Iowa chapter.
- 7 c. American college of surgeons, Iowa chapter.
- 8 d. Department of public health.
- 9 e. Governor's traffic safety bureau.
- 10 f. Iowa academy of family physicians.
- 11 g. Iowa emergency medical services association.
- 12 h. Iowa emergency nurses association.
- 13 i. Iowa hospital association representing rural hospitals.
- 14 j. Iowa hospital association representing urban hospitals.
- 15 k. Iowa medical society.
- 16 l. Iowa osteopathic medical society.
- 17 m. Iowa society of anesthesiologists.
- 18 n. Rehabilitation services delivery representative.
- 19 o. State emergency medical services medical director.
- 20 p. State medical examiner.
- 21 q. Trauma nurse coordinator representing a trauma registry
22 hospital.
- 23 r. University of Iowa, injury prevention research center.

24 2. The council shall be appointed by the director from the
25 recommendations of the organizations in subsection 1 for terms
26 of two years. Vacancies on the council shall be filled for
27 the remainder of the term of the original appointment.
28 Members whose terms expire may be reappointed.

29 3. The voting members of the council shall elect a
30 chairperson and a vice chairperson and other officers as the
31 council deems necessary. The officers shall serve until their
32 successors are elected and qualified.

33 4. The council shall do all of the following:

- 34 a. Advise the department on issues and strategies to
35 achieve optimal trauma care delivery throughout the state.

1 b. Assist the department in the implementation of an Iowa
2 trauma care plan.

3 c. Develop criteria for the categorization of all
4 hospitals and emergency care facilities according to their
5 trauma care capabilities. These categories shall be for
6 levels I, II, III, and IV, based on the most current
7 guidelines published by the American college of surgeons
8 committee on trauma, the American college of emergency
9 physicians, and the model trauma care plan of the United
10 States department of health and human services' health
11 resources and services administration.

12 d. Develop a process for the verification of the trauma
13 care capacity of each facility and the issuance of a
14 certificate of verification.

15 e. Develop standards for medical direction, trauma care,
16 triage and transfer protocols, and trauma registries.

17 f. Promote public information and education activities for
18 injury prevention.

19 g. Review the rules adopted under this division and make
20 recommendations to the director for changes to further promote
21 optimal trauma care.

22 Sec. 6. NEW SECTION. 147A.25 SYSTEM EVALUATION AND
23 QUALITY IMPROVEMENT COMMITTEE.

24 1. The department shall create a system evaluation and
25 quality improvement committee to develop, implement, and
26 conduct trauma care system evaluation, quality assessment, and
27 quality improvement. The director shall appoint the members
28 of the committee which shall include the following:

29 a. Two trauma surgeons.

30 b. One neurologic surgeon and one orthopedic surgeon.

31 c. Two emergency physicians.

32 d. Two trauma nurse coordinators.

33 e. Two emergency nurses.

34 f. Two out-of-hospital emergency medical care providers.

35 g. Department of public health trauma coordinator.

1 h. Iowa foundation of medical care director.
2 i. State emergency medical services medical director.
3 j. Two anesthesiologists.
4 k. Two family physicians.
5 2. Proceedings, records, and reports developed pursuant to
6 this section constitute peer review records under section
7 147.135, and are not subject to discovery by subpoena or
8 admissible as evidence. All information and documents
9 received from a hospital or emergency care facility under this
10 division shall be confidential pursuant to section 272C.6,
11 subsection 4.

12 Sec. 7. NEW SECTION. 147A.26 TRAUMA REGISTRY.

13 1. The department shall maintain a statewide trauma
14 reporting system by which the system evaluation and quality
15 improvement committee, the trauma system advisory council, and
16 the department may monitor the effectiveness of the statewide
17 trauma care system.

18 2. The data collected by and furnished to the department
19 pursuant to this section shall not be public records under
20 chapter 22. The compilations prepared for release or
21 dissemination from the data collected shall be public records
22 under chapter 22, which are not subject to section 22.7,
23 subsection 2. However, the confidentiality of patients is to
24 be protected and the laws of this state apply with regard to
25 patient confidentiality.

26 3. To the extent possible, activities under this section
27 shall be coordinated with other health data collection
28 methods.

29 Sec. 8. NEW SECTION. 147A.27 DEPARTMENT TO ADOPT RULES.

30 The department shall adopt rules, pursuant to chapter 17A,
31 to implement the Iowa trauma care system plan, which specify
32 all of the following:

- 33 1. Standards for trauma care.
- 34 2. Triage and transfer protocols.
- 35 3. Trauma registry procedures and policies.

1 4. Trauma care education and training requirements.

2 5. Hospital and emergency care facility categorization
3 criteria.

4 6. Procedures for approval, denial, probation, and
5 revocation of certificates of verification.

6 Sec. 9. NEW SECTION. 147A.28 EMERGENCY CARE -- DEFENSE.

7 In an action for personal injury or wrongful death against
8 an emergency care provider or an emergency care facility based
9 upon the alleged negligence of the provider or facility,
10 adherence to the Iowa trauma care system plan, rules, or
11 protocols established under this division shall be an absolute
12 defense against an allegation that the provider did not comply
13 with the appropriate standard of care.

14 Sec. 10. NEW SECTION. 147A.29 PROHIBITED ACTS.

15 A hospital or emergency care facility that imparts or
16 conveys, or causes to be imparted or conveyed, that it is a
17 trauma care facility, or that uses any other term to indicate
18 or imply that the hospital or emergency care facility is a
19 trauma care facility without having obtained a certificate of
20 verification under this division is subject to a civil penalty
21 not to exceed one hundred dollars per day for each offense.
22 In addition, the director may apply to the district court for
23 a writ of injunction to restrain the use of the term "trauma
24 health facility". However, nothing in this division shall be
25 construed to restrict a hospital or emergency facility from
26 providing any services for which it is duly authorized.

27 Sec. 11. IMPLEMENTATION. The trauma system advisory
28 council and the Iowa department of public health, in
29 implementing the Iowa trauma care system plan under this Act,
30 shall utilize the findings and recommendation contained in the
31 Iowa trauma care plan developed and adopted by the Iowa trauma
32 systems project planning consortium. The consortium was
33 organized through the Iowa department of public health in
34 October 1992 to develop a statewide trauma care delivery
35 system. The consortium included representatives from

1 hospitals, physician groups, other health care professionals,
2 and state departments involved in health care delivery. The
3 consortium is abolished upon establishment of the trauma
4 system advisory council.

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EXPLANATION

6 This bill provides the department of public health with the
7 authority to develop and implement a coordinated system for
8 the delivery of acute trauma care for injured Iowans. This
9 system of care would include development of care criteria for
10 hospitals and other emergency care facilities, protocols for
11 treatment of injuries, and patient transfer guidelines for
12 referrals from one institution to another. The department
13 would receive advice and counsel from an advisory council
14 consisting of providers from representative groups as
15 specified in the bill. System oversight and evaluation would
16 be achieved through data collection in a trauma system
17 registry and analyzed by a quality assurance committee.

18 Section 1 of the bill creates a new division in chapter
19 147A and is appropriately titled.

20 Section 2 adds definitions which are used in this division.

21 Section 3 provides legislative findings and purpose.

22 Section 4 designates the department of public health as the
23 lead agency for the implementation of a statewide trauma care
24 system. The department would categorize all hospitals and
25 emergency care facilities to determine their capabilities to
26 provide acute trauma care. After this categorization, all
27 categorized facilities would then go through a verification
28 process. The department is given the authority to establish
29 fees to help defray costs.

30 Section 5 creates the trauma system advisory council to
31 assist the department in implementing this bill.

32 Section 6 creates a system evaluation committee and
33 provides confidentiality protection for the peer review
34 activities of the committee.

35 Section 7 establishes a data reporting process to monitor

1 and evaluate the implementation and effectiveness of the
2 system.

3 Section 8 give the department the authority to adopt rules.

4 Section 9 extends immunity from civil liability to
5 providers practicing under the protocols established under the
6 bill.

7 Section 10 allows the department to enjoin and assess a
8 civil penalty against hospitals or emergency care facilities
9 which misrepresent their trauma care capabilities as certified
10 under the bill.

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**SENATE FILE 118
FISCAL NOTE**

A fiscal note for Senate File 118 is hereby submitted pursuant to Joint Rule 17. Data used in developing this fiscal note is available from the Legislative Fiscal Bureau to members of the Legislature upon request.

Senate File 118 provides the Department of Public Health with the authority to develop and implement a coordinated system for the delivery of acute trauma care for injured Iowans. The bill also requires that the Department develop criteria for hospitals and other emergency care facilities and provides for an advisory council to assist the Department. The bill provides for the issuance of a certificate based on the criteria and additionally specifies oversight and evaluation through data collection in a trauma system registry to be analyzed by a quality assurance committee. The bill includes use of injunction or civil penalties for misrepresentation of trauma-care certification.

ASSUMPTIONS:

1. Currently 1.0 FTE position is assigned to Trauma System Development.
2. Although there is an open ended provision for fee collection from participating hospitals, the Department is not including the necessity of fee setting in this estimate. Because an alternate source is not specified in the bill, an existing source may be used. There are currently diverted funds from Highway Safety according to the Intermodal Surface Transportation Efficiency Act of 1991. The Department anticipates that funding levels for FFY 1996 and FFY 1997 will continue.
3. The software for the Trauma Registry should be compatible with existing hospital software. Purchase of a different software system would require significant expense on the part of facilities already committed to the System. The \$20,000 expenditure for software for the Trauma Registry System has already been initiated through a grant from the Human Resources and Services Administration, thus the additional cost impact is \$2,000 in comparison to the existing program.
4. Funds will be made available via planning grants to help facilities meet system requirements including certification and verification fees. There will be some unknown fiscal impact on both privately owned and county operated facilities if grant monies for meeting system standards are not forthcoming.
5. Contractor services will be needed to provide medical direction and conduct epidemiological studies to aid the Council and the Committee in establishing medical criteria and definitions to continually update information required to keep the Trauma designation medically current.
6. It is not possible to estimate how many hospitals or emergency care facilities might represent themselves as trauma care units without proper

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certification given no historical precedent available for comparison. If such a case were to be prosecuted, the estimated average cost of the civil cause of action is \$7,600 presumably to be offset by the maximum \$100 per day penalty for such representation without certification.

7. It is unclear whether the members of the Trauma System Advisory Council or the System Evaluation and Quality Improvement Committee, many of whom are not department employees, are to be compensated for meeting and travel time. It is unknown how many meetings will be required to fulfill the objectives of development of categorization criteria, verification processes, development of standards, promotion of prevention information, development, implementation, and processing of evaluations, quality assessment and quality improvement. The cost of \$50.00 per day per member (16 members of the Council and 18 members of the Committee might be subject to payment for a potential fiscal impact of \$1,700 plus travel expenses for each meeting) could be significant.

FISCAL EFFECT:

	Fiscal Year 1996			Fiscal Year 1997		
	Current Law	Proposed Law	Increase (Decrease)	Current Law	Proposed Law	Increase (Decrease)
<u>EXPENDITURES</u>						
Salaries (FTE's)	\$ 40,000 (1.0)	\$ 135,000 (3.0)	\$ 95,000 (2.0)	\$ 40,000 (1.0)	\$ 135,000 (3.0)	\$ 95,000 (2.0)
Contracts	0	30,000	30,000	0	30,000	30,000
Hospital costs	0	80,000	80,000	0	80,000	80,000
Software	20,000	22,000	2,000	0	22,000	22,000
Total	\$ 60,000	\$ 267,000	\$ 207,000	\$ 40,000	\$ 267,000	\$ 227,000

Sources: Department of Public Health
 Judicial Department

(LSB 1852sv, MME)

FILED FEBRUARY 13, 1995

BY DENNIS PROUTY, FISCAL DIRECTOR

SENATE FILE 118

S-3065

- 1 Amend Senate File 118 as follows:
- 2 1. Page 4, by inserting after line 16 the
- 3 following:
- 4 "____. Iowa physician assistant society."
By MERLIN E. BARTZ

S-3065 FILED FEBRUARY 20, 1995

ADOPTED

(P. 397)

SENATE FILE 118

S-3066

- 1 Amend the amendment, S-3053, to Senate File 118 as
- 2 follows:
- 3 1. Page 1, line 5, by inserting before the word
- 4 "costs" the following: "administrative".
By STEVEN D. HANSEN

S-3066 FILED FEBRUARY 20, 1995

ADOPTED

SENATE FILE 118

S-3067

- 1 Amend Senate File 118 as follows:
- A 2 1. Page 4, by inserting after line 16 the
- 3 following:
- 4 "____. Iowa physician assistant society."
- B 5 2. Page 6, by inserting after line 4 the
- 6 following:
- 7 "1. Two physician assistants."
By ELAINE SZYMONIAK

S-3067 FILED FEBRUARY 20, 1995

DIV. A-RULED OUT OF ORDER, DIV. B-ADOPTED

(P. 397)

SENATE FILE 118

S-3053

1 Amend Senate File 118 as follows:

2 1. Page 3, by striking lines 26 through 30 and
3 inserting the following:

4 "d. The department is responsible for the funding
5 of the costs of this division. Any funds received by
6 the department for this purpose shall be deposited in
7 the emergency medical".

By STEVEN D. HANSEN

S-3053 FILED FEBRUARY 9, 1995

*(P. 397) adopted
2-20-95*

SENATE FILE 118

S-3062

1 Amend Senate File 118 as follows:

2 1. Page 7, by striking lines 6 through 13.

By TOM VILSACK

(P. 394) adopted 2/20/95

S-3062 FILED FEBRUARY 16, 1995

SENATE FILE 118

S-3063

1 Amend Senate File 118 as follows:

2 1. Page 7, by striking lines 6 through 13.

3 2. By renumbering as necessary.

By ELAINE SZYMONIAK

S-3063 FILED FEBRUARY 16, 1995

*(P. 394) out of Order
2/20/95*

H- 2/21/95 *Human Res*
H- 3/10/95 *Do Pass*

SENATE FILE **118**
BY COMMITTEE ON HUMAN RESOURCES

(SUCCESSOR TO SSB 50)

(AS AMENDED AND PASSED BY THE SENATE FEBRUARY 20, 1995)

- New Language by the Senate
- * - Language Stricken by the Senate

Passed Senate, ^(P. 1151) Date 4/12/95 Passed House, ^(P. 1377) Date 4-10-95
 Vote: Ayes 50 Nays 0 Vote: Ayes 96 Nays 1
 Approved April 19, 1995

A BILL FOR

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S.F. 118

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26 d. The department is responsible for the funding of the
27 administrative costs of this division. Any funds received by
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7 committee on trauma, the American college of emergency
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9 States department of health and human services' health
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35 h. Iowa foundation of medical care director.

- 1 i. State emergency medical services medical director.
- 2 j. Two anesthesiologists.
- 3 k. Two family physicians.
- 4 1. Two physician assistants.

5 2. Proceedings, records, and reports developed pursuant to
6 this section constitute peer review records under section
7 147.135, and are not subject to discovery by subpoena or
8 admissible as evidence. All information and documents
9 received from a hospital or emergency care facility under this
10 division shall be confidential pursuant to section 272C.6,
11 subsection 4.

12 Sec. 7. NEW SECTION. 147A.26 TRAUMA REGISTRY.

13 1. The department shall maintain a statewide trauma
14 reporting system by which the system evaluation and quality
15 improvement committee, the trauma system advisory council, and
16 the department may monitor the effectiveness of the statewide
17 trauma care system.

18 2. The data collected by and furnished to the department
19 pursuant to this section shall not be public records under
20 chapter 22. The compilations prepared for release or
21 dissemination from the data collected shall be public records
22 under chapter 22, which are not subject to section 22.7,
23 subsection 2. However, the confidentiality of patients is to
24 be protected and the laws of this state apply with regard to
25 patient confidentiality.

26 3. To the extent possible, activities under this section
27 shall be coordinated with other health data collection
28 methods.

29 Sec. 8. NEW SECTION. 147A.27 DEPARTMENT TO ADOPT RULES.

30 The department shall adopt rules, pursuant to chapter 17A,
31 to implement the Iowa trauma care system plan, which specify
32 all of the following:

- 33 1. Standards for trauma care.
- 34 2. Triage and transfer protocols.
- 35 3. Trauma registry procedures and policies.

- 1 4. Trauma care education and training requirements.
- 2 5. Hospital and emergency care facility categorization
- 3 criteria.
- 4 6. Procedures for approval, denial, probation, and
- 5 revocation of certificates of verification.

* 6 Sec. 9. NEW SECTION. 147A.29 PROHIBITED ACTS.

7 A hospital or emergency care facility that imparts or
8 conveys, or causes to be imparted or conveyed, that it is a
9 trauma care facility, or that uses any other term to indicate
10 or imply that the hospital or emergency care facility is a
11 trauma care facility without having obtained a certificate of
12 verification under this division is subject to a civil penalty
13 not to exceed one hundred dollars per day for each offense.
14 In addition, the director may apply to the district court for
15 a writ of injunction to restrain the use of the term "trauma
16 health facility". However, nothing in this division shall be
17 construed to restrict a hospital or emergency facility from
18 providing any services for which it is duly authorized.

19 Sec. 10. IMPLEMENTATION. The trauma system advisory
20 council and the Iowa department of public health, in
21 implementing the Iowa trauma care system plan under this Act,
22 shall utilize the findings and recommendation contained in the
23 Iowa trauma care plan developed and adopted by the Iowa trauma
24 systems project planning consortium. The consortium was
25 organized through the Iowa department of public health in
26 October 1992 to develop a statewide trauma care delivery
27 system. The consortium included representatives from
28 hospitals, physician groups, other health care professionals,
29 and state departments involved in health care delivery. The
30 consortium is abolished upon establishment of the trauma
31 system advisory council.

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SENATE FILE 118

H-3344

- 1 Amend Senate File 118 as amended, passed, and
- 2 reprinted by the Senate as follows:
- 3 1. Page 4, by inserting after line 16 the
- 4 following:
- 5 " . Orthopaedic system advisory council of the
- 6 American academy of orthopaedic surgeons, Iowa
- 7 representative."
- 8 2. By renumbering as necessary.

By CHURCHILL of Polk

H-3344 FILED MARCH 20, 1995

Adopted
4-10-95-
(P. 1377)

HOUSE AMENDMENT TO
SENATE FILE 118

S-3379

- 1 Amend Senate File 118 as amended, passed, and
- 2 reprinted by the Senate as follows:
- 3 1. Page 4, by inserting after line 16 the
- 4 following:
- 5 " . Orthopaedic system advisory council of the
- 6 American academy of orthopaedic surgeons, Iowa
- 7 representative."
- 8 2. By renumbering as necessary.

RECEIVED FROM THE HOUSE

S-3379 FILED APRIL 10, 1995

Senate Concurred 4/12/95
(P. 1151)

Szymoniak
Newbauer
Bartz

SSB-50

Human Resources

Succeeded By
SF/HE 118
SENATE FILE

BY (PROPOSED COMMITTEE ON
HUMAN RESOURCES BILL BY
CHAIRPERSON SZYMONIAK)

Passed Senate, Date _____ Passed House, Date _____
Vote: Ayes _____ Nays _____ Vote: Ayes _____ Nays _____
Approved _____

A BILL FOR

1 An Act relating to the development and implementation of a
2 coordinated statewide trauma care delivery system and
3 providing penalties and immunity from liability.

4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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1 ~~Section 1.~~ NEW SECTION. 147A.20 TITLE OF DIVISION.

2 This division may be cited as the "Iowa Trauma Care System
3 Development Act".

4 Sec. 2. NEW SECTION. 147A.21 DEFINITIONS.

5 As used in this division, unless the context otherwise
6 requires:

7 1. "Categorization" means a preliminary determination by
8 the department that a hospital or emergency care facility is
9 capable of providing trauma care in accordance with criteria
10 adopted pursuant to chapter 17A for level I, II, III, and IV
11 care capabilities.

12 2. "Department" means the Iowa department of public
13 health.

14 3. "Director" means the director of public health.

15 4. "Emergency care facility" means a physician's office,
16 clinic, or other health care center which provides emergency
17 medical care in conjunction with other primary care services.

18 5. "Hospital" means a facility licensed under chapter
19 135B, or a comparable emergency care facility located and
20 licensed in another state.

21 6. "Trauma" means a single or multisystem life-threatening
22 or limb-threatening injury, or an injury requiring immediate
23 medical or surgical intervention or treatment to prevent death
24 or permanent disability.

25 7. "Trauma care facility" means a hospital or emergency
26 care facility which provides trauma care and has been verified
27 by the department as having level I, II, III, or IV care
28 capabilities and issued a certificate of verification pursuant
29 to section 147A.23, subsection 2, paragraph "c".

30 8. "Trauma care system" means an organized approach to
31 providing personnel, facilities, and equipment for effective
32 and coordinated trauma care.

33 9. "Verification" means a formal process by which the
34 department certifies a hospital or emergency care facility's
35 capacity to provide trauma care in accordance with criteria

1 established for level I, II, III, and IV trauma care
2 facilities.

3 Sec. 3. NEW SECTION. 147A.22 LEGISLATIVE FINDINGS AND
4 INTENT -- PURPOSE.

5 The general assembly finds the following:

6 1. Trauma is a serious health problem in the state of Iowa
7 and is the leading cause of death of younger Iowans. The
8 death and disability associated with traumatic injury
9 contributes to the significant medical expenses and lost work,
10 and adversely affects the productivity of Iowans.

11 2. Optimal trauma care is limited in many parts of the
12 state. With health care delivery in transition, access to
13 quality trauma and emergency medical care continues to
14 challenge our rural communities.

15 3. The goal of a statewide trauma care system is to
16 coordinate the medical needs of the injured person with an
17 integrated system of optimal and cost-effective trauma care.
18 The result of a well-coordinated statewide trauma care system
19 is to reduce the incidences of inadequate trauma care and
20 preventable deaths, minimize human suffering, and decrease the
21 costs associated with preventable mortality and morbidity.

22 4. The development of the Iowa trauma care system will
23 achieve these goals while meeting the unique needs of the
24 rural residents of the state.

25 Sec. 4. NEW SECTION. 147A.23 TRAUMA CARE SYSTEM
26 DEVELOPMENT.

27 1. The department is designated as a lead agency in this
28 state responsible for the development of a statewide trauma
29 care system.

30 2. The department, in consultation with the trauma system
31 advisory council, shall develop, coordinate, and monitor a
32 statewide trauma care system. This system shall include, but
33 not be limited to, the following:

34 a. The categorization of all hospitals and emergency care
35 facilities by the department as to their capacity to provide

1 trauma care services. The categorization shall be determined
2 by the department from self-reported information provided to
3 the department by the hospital or emergency care facility.
4 This categorization shall not be construed to imply any
5 guarantee on the part of the department as to the level of
6 trauma care services available at the hospital or emergency
7 care facility.

8 b. The issuance of a certificate of verification of all
9 categorized hospitals and emergency care facilities from the
10 department at the level preferred by the hospital or emergency
11 care facility. The standards and verification process shall
12 be established by rule and may vary as appropriate by level of
13 trauma care capability. To the extent possible, the standards
14 and verification process shall be coordinated with other
15 applicable accreditation and licensing standards.

16 c. Upon verification and the issuance of a certificate of
17 verification, a hospital or emergency care facility agrees to
18 maintain a level of commitment and resources sufficient to
19 meet responsibilities and standards as required by the trauma
20 care criteria established by rule under this division.
21 Verifications are valid for a period of three years or as
22 determined by the department and are renewable. As part of
23 the verification and renewal process, the department may
24 conduct periodic on-site reviews of the services and
25 facilities of the hospital or emergency care facility.

26 d. The department may establish fees to help defray the
27 costs of this division. All fees generated shall be deposited
28 in the emergency medical services fund established in section
29 135.25.

30 e. This section shall not be construed to restrict the
31 ability of a hospital or emergency care facility to provide
32 services for which it has been duly authorized.

33 f. This section shall not be construed to limit the number
34 and distribution of level I, II, III, and IV categorized and
35 verified trauma care facilities in a community or region.

1 Sec. 5. NEW SECTION. 147A.24 TRAUMA SYSTEM ADVISORY
2 COUNCIL ESTABLISHED.

3 1. A trauma system advisory council is established. The
4 following organizations or officials may recommend a
5 representative to the council:

- 6 a. American academy of pediatrics.
- 7 b. American college of emergency physicians, Iowa chapter.
- 8 c. American college of surgeons, Iowa chapter.
- 9 d. Department of public health.
- 10 e. Governor's traffic safety bureau.
- 11 f. Iowa emergency medical services association.
- 12 g. Iowa emergency nurses association.
- 13 h. Iowa hospital association representing rural hospitals.
- 14 i. Iowa hospital association representing urban hospitals.
- 15 j. Iowa medical society.
- 16 k. Iowa osteopathic medical society.
- 17 l. Rehabilitation services delivery representative.
- 18 m. State emergency medical services medical director.
- 19 n. State medical examiner.
- 20 o. Trauma nurse coordinator representing a trauma registry
21 hospital.
- 22 p. University of Iowa, injury prevention research center.

23 2. The council shall be appointed by the director from the
24 recommendations of the organizations in subsection 1 for terms
25 of two years. Vacancies on the council shall be filled for
26 the remainder of the term of the original appointment.
27 Members whose terms expire may be reappointed.

28 3. The voting members of the council shall elect a
29 chairperson and a vice chairperson and other officers as the
30 council deems necessary. The officers shall serve until their
31 successors are elected and qualified.

32 4. The council shall do all of the following:

- 33 a. Advise the department on issues and strategies to
34 achieve optimal trauma care delivery throughout the state.
- 35 b. Assist the department in the implementation of an Iowa

1 trauma care plan.

2 c. Develop criteria for the categorization of all
3 hospitals and emergency care facilities according to their
4 trauma care capabilities. These categories shall be for
5 levels I, II, III, and IV, based on the most current
6 guidelines published by the American college of surgeons
7 committee on trauma, the American college of emergency
8 physicians, and the model trauma care plan of the United
9 States department of health and human services' health
10 resources and services administration.

11 d. Develop a process for the verification of the trauma
12 care capacity of each facility and the issuance of a
13 certificate of verification.

14 e. Develop standards for medical direction, trauma care,
15 triage and transfer protocols, and trauma registries.

16 f. Promote public information and education activities for
17 injury prevention.

18 g. Review the rules adopted under this division and make
19 recommendations to the director for changes to further promote
20 optimal trauma care.

21 Sec. 6. NEW SECTION. 147A.25 SYSTEM EVALUATION AND
22 QUALITY IMPROVEMENT COMMITTEE.

23 1. The department shall create a system evaluation and
24 quality improvement committee to develop, implement, and
25 conduct trauma care system evaluation, quality assessment, and
26 quality improvement. The director shall appoint the members
27 of the committee which shall include the following:

28 a. Two trauma surgeons.

29 b. One neurologic surgeon and one orthopedic surgeon.

30 c. Two emergency physicians.

31 d. Two trauma nurse coordinators.

32 e. Two emergency nurses.

33 f. Two out-of-hospital emergency medical care providers.

34 g. Department of public health trauma coordinator.

35 h. Iowa foundation of medical care director.

1 i. State emergency medical services medical director.
2 2. Proceedings, records, and reports developed pursuant to
3 this section constitute peer review records under section
4 147.135, and are not subject to discovery by subpoena or
5 admissible as evidence. All information and documents
6 received from a hospital or emergency care facility under this
7 division shall be confidential pursuant to section 272C.6,
8 subsection 4.

9 Sec. 7. NEW SECTION. 147A.26 TRAUMA REGISTRY.

10 1. The department shall maintain a statewide trauma
11 reporting system by which the system evaluation and quality
12 improvement committee, the trauma system advisory council, and
13 the department may monitor the effectiveness of the statewide
14 trauma care system.

15 2. The data collected by and furnished to the department
16 pursuant to this section shall not be public records under
17 chapter 22. The compilations prepared for release or
18 dissemination from the data collected shall be public records
19 under chapter 22, which are not subject to section 22.7,
20 subsection 2. However, the confidentiality of patients is to
21 be protected and the laws of this state apply with regard to
22 patient confidentiality.

23 3. To the extent possible, activities under this section
24 shall be coordinated with other health data collection
25 methods.

26 Sec. 8. NEW SECTION. 147A.27 DEPARTMENT TO ADOPT RULES.

27 The department shall adopt rules, pursuant to chapter 17A,
28 to implement the Iowa trauma care system plan, which specify
29 all of the following:

- 30 1. Standards for trauma care.
- 31 2. Triage and transfer protocols.
- 32 3. Trauma registry procedures and policies.
- 33 4. Trauma care education and training requirements.
- 34 5. Hospital and emergency care facility categorization
35 criteria.

1 6. Procedures for approval, denial, probation, and
2 revocation of certificates of verification.

3 Sec. 9. NEW SECTION. 147A.28 EMERGENCY CARE -- DEFENSE.

4 In an action for personal injury or wrongful death against
5 an emergency care provider or an emergency care facility based
6 upon the alleged negligence of the provider or facility,
7 adherence to the Iowa trauma care system plan, rules, or
8 protocols established under this division shall be an absolute
9 defense against an allegation that the provider did not comply
10 with the appropriate standard of care.

11 Sec. 10. NEW SECTION. 147A.29 PROHIBITED ACTS.

12 A hospital or emergency care facility that imparts or
13 conveys, or causes to be imparted or conveyed, that it is a
14 trauma care facility, or that uses any other term to indicate
15 or imply that the hospital or emergency care facility is a
16 trauma care facility without having obtained a certificate of
17 verification under this division is subject to a civil penalty
18 not to exceed one hundred dollars per day for each offense.
19 In addition, the director may apply to the district court for
20 a writ of injunction to restrain the use of the term "trauma
21 care facility".

22 Sec. 11. IMPLEMENTATION. The trauma system advisory
23 council and the Iowa department of public health, in
24 implementing the Iowa trauma care system plan under this Act,
25 shall utilize the findings and recommendation contained in the
26 Iowa trauma care plan developed and adopted by the Iowa trauma
27 systems project planning consortium. The consortium was
28 organized through the Iowa department of public health in
29 October 1992 to develop a statewide trauma care delivery
30 system. The consortium included representatives from
31 hospitals, physician groups, other health care professionals,
32 and state departments involved in health care delivery. The
33 consortium is abolished upon establishment of the trauma
34 system advisory council.

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EXPLANATION

1 This bill provides the department of public health with the
2 authority to develop and implement a coordinated system for
3 the delivery of acute trauma care for injured Iowans. This
4 system of care would include development of care criteria for
5 hospitals and other emergency care facilities, protocols for
6 treatment of injuries, and patient transfer guidelines for
7 referrals from one institution to another. The department
8 would receive advice and counsel from an advisory council
9 consisting of providers from representative groups as
10 specified in the bill. System oversight and evaluation would
11 be achieved through data collection in a trauma system
12 registry and analyzed by a quality assurance committee.

13 Section 1 of the bill creates a new division in chapter
14 147A and is appropriately titled.

15 Section 2 adds definitions which are used in this division.

16 Section 3 provides legislative findings and purpose.

17 Section 4 designates the department of public health as the
18 lead agency for the implementation of a statewide trauma care
19 system. The department would categorize all hospitals and
20 emergency care facilities to determine their capabilities to
21 provide acute trauma care. After this categorization, all
22 categorized facilities would then go through a verification
23 process. The department is given the authority to establish
24 fees to help defray costs.

25 Section 5 creates the trauma system advisory council to
26 assist the department in implementing this bill.

27 Section 6 creates a system evaluation committee and
28 provides confidentiality protection for the peer review
29 activities of the committee.

30 Section 7 establishes a data reporting process to monitor
31 and evaluate the implementation and effectiveness of the
32 system.

33 Section 8 give the department the authority to adopt rules.

34 Section 9 extends immunity from civil liability to
35 providers practicing under the protocols established under the

1 bill.

2 Section 10 allows the department to enjoin and assess a
3 civil penalty against hospitals or emergency care facilities
4 which misrepresent their trauma care capabilities as certified
5 under the bill.

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SENATE FILE 118

AN ACT

RELATING TO THE DEVELOPMENT AND IMPLEMENTATION OF A COORDINATED STATEWIDE TRAUMA CARE DELIVERY SYSTEM AND PROVIDING PENALTIES AND IMMUNITY FROM LIABILITY.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

Section 1. NEW SECTION. 147A.20 TITLE OF DIVISION.

This division may be cited as the "Iowa Trauma Care System Development Act".

Sec. 2. NEW SECTION. 147A.21 DEFINITIONS.

As used in this division, unless the context otherwise requires:

1. "Categorization" means a preliminary determination by the department that a hospital or emergency care facility is capable of providing trauma care in accordance with criteria adopted pursuant to chapter 17A for level I, II, III, and IV care capabilities.

2. "Department" means the Iowa department of public health.

3. "Director" means the director of public health.

4. "Emergency care facility" means a physician's office, clinic, or other health care center which provides emergency medical care in conjunction with other primary care services.

5. "Hospital" means a facility licensed under chapter 135B, or a comparable emergency care facility located and licensed in another state.

6. "Trauma" means a single or multisystem life-threatening or limb-threatening injury, or an injury requiring immediate medical or surgical intervention or treatment to prevent death or permanent disability.

7. "Trauma care facility" means a hospital or emergency care facility which provides trauma care and has been verified

by the department as having level I, II, III, or IV care capabilities and issued a certificate of verification pursuant to section 147A.23, subsection 2, paragraph "c".

8. "Trauma care system" means an organized approach to providing personnel, facilities, and equipment for effective and coordinated trauma care.

9. "Verification" means a formal process by which the department certifies a hospital or emergency care facility's capacity to provide trauma care in accordance with criteria established for level I, II, III, and IV trauma care facilities.

Sec. 3. NEW SECTION. 147A.22 LEGISLATIVE FINDINGS AND INTENT -- PURPOSE.

The general assembly finds the following:

1. Trauma is a serious health problem in the state of Iowa and is the leading cause of death of younger Iowans. The death and disability associated with traumatic injury contributes to the significant medical expenses and lost work, and adversely affects the productivity of Iowans.

2. Optimal trauma care is limited in many parts of the state. With health care delivery in transition, access to quality trauma and emergency medical care continues to challenge our rural communities.

3. The goal of a statewide trauma care system is to coordinate the medical needs of the injured person with an integrated system of optimal and cost-effective trauma care. The result of a well-coordinated statewide trauma care system is to reduce the incidences of inadequate trauma care and preventable deaths, minimize human suffering, and decrease the costs associated with preventable mortality and morbidity.

4. The development of the Iowa trauma care system will achieve these goals while meeting the unique needs of the rural residents of the state.

Sec. 4. NEW SECTION. 147A.23 TRAUMA CARE SYSTEM DEVELOPMENT.

1. The department is designated as a lead agency in this state responsible for the development of a statewide trauma care system.

2. The department, in consultation with the trauma system advisory council, shall develop, coordinate, and monitor a statewide trauma care system. This system shall include, but not be limited to, the following:

a. The categorization of all hospitals and emergency care facilities by the department as to their capacity to provide trauma care services. The categorization shall be determined by the department from self-reported information provided to the department by the hospital or emergency care facility. This categorization shall not be construed to imply any guarantee on the part of the department as to the level of trauma care services available at the hospital or emergency care facility.

b. The issuance of a certificate of verification of all categorized hospitals and emergency care facilities from the department at the level preferred by the hospital or emergency care facility. The standards and verification process shall be established by rule and may vary as appropriate by level of trauma care capability. To the extent possible, the standards and verification process shall be coordinated with other applicable accreditation and licensing standards.

c. Upon verification and the issuance of a certificate of verification, a hospital or emergency care facility agrees to maintain a level of commitment and resources sufficient to meet responsibilities and standards as required by the trauma care criteria established by rule under this division. Verifications are valid for a period of three years or as determined by the department and are renewable. As part of the verification and renewal process, the department may conduct periodic on-site reviews of the services and facilities of the hospital or emergency care facility.

d. The department is responsible for the funding of the administrative costs of this division. Any funds received by the department for this purpose shall be deposited in the emergency medical services fund established in section 135.25.

e. This section shall not be construed to limit the number and distribution of level I, II, III, and IV categorized and verified trauma care facilities in a community or region.

Sec. 5. NEW SECTION. 147A.24 TRAUMA SYSTEM ADVISORY COUNCIL ESTABLISHED.

1. A trauma system advisory council is established. The following organizations or officials may recommend a representative to the council:

- a. American academy of pediatrics.
- b. American college of emergency physicians, Iowa chapter.
- c. American college of surgeons, Iowa chapter.
- d. Department of public health.
- e. Governor's traffic safety bureau.
- f. Iowa academy of family physicians.
- g. Iowa emergency medical services association.
- h. Iowa emergency nurses association.
- i. Iowa hospital association representing rural hospitals.
- j. Iowa hospital association representing urban hospitals.
- k. Iowa medical society.
- l. Iowa osteopathic medical society.
- m. Iowa physician assistant society.
- n. Iowa society of anesthesiologists.
- o. Orthopedic system advisory council of the American academy of orthopedic surgeons, Iowa representative.
- p. Rehabilitation services delivery representative.
- q. State emergency medical services medical director.
- r. State medical examiner.
- s. Trauma nurse coordinator representing a trauma registry hospital.
- t. University of Iowa, injury prevention research center.

2. The council shall be appointed by the director from the recommendations of the organizations in subsection 1 for terms of two years. Vacancies on the council shall be filled for the remainder of the term of the original appointment. Members whose terms expire may be reappointed.

3. The voting members of the council shall elect a chairperson and a vice chairperson and other officers as the council deems necessary. The officers shall serve until their successors are elected and qualified.

4. The council shall do all of the following:

a. Advise the department on issues and strategies to achieve optimal trauma care delivery throughout the state.

b. Assist the department in the implementation of an Iowa trauma care plan.

c. Develop criteria for the categorization of all hospitals and emergency care facilities according to their trauma care capabilities. These categories shall be for levels I, II, III, and IV, based on the most current guidelines published by the American college of surgeons committee on trauma, the American college of emergency physicians, and the model trauma care plan of the United States department of health and human services' health resources and services administration.

d. Develop a process for the verification of the trauma care capacity of each facility and the issuance of a certificate of verification.

e. Develop standards for medical direction, trauma care, triage and transfer protocols, and trauma registries.

f. Promote public information and education activities for injury prevention.

g. Review the rules adopted under this division and make recommendations to the director for changes to further promote optimal trauma care.

Sec. 6. NEW SECTION. 147A.25 SYSTEM EVALUATION AND QUALITY IMPROVEMENT COMMITTEE.

1. The department shall create a system evaluation and quality improvement committee to develop, implement, and conduct trauma care system evaluation, quality assessment, and quality improvement. The director shall appoint the members of the committee which shall include the following:

a. Two trauma surgeons.

b. One neurologic surgeon and one orthopedic surgeon.

c. Two emergency physicians.

d. Two trauma nurse coordinators.

e. Two emergency nurses.

f. Two out-of-hospital emergency medical care providers.

g. Department of public health trauma coordinator.

h. Iowa foundation of medical care director.

i. State emergency medical services medical director.

j. Two anesthesiologists.

k. Two family physicians.

l. Two physician assistants.

2. Proceedings, records, and reports developed pursuant to this section constitute peer review records under section 147.135, and are not subject to discovery by subpoena or admissible as evidence. All information and documents received from a hospital or emergency care facility under this division shall be confidential pursuant to section 272C.6, subsection 4.

Sec. 7. NEW SECTION. 147A.26 TRAUMA REGISTRY.

1. The department shall maintain a statewide trauma reporting system by which the system evaluation and quality improvement committee, the trauma system advisory council, and the department may monitor the effectiveness of the statewide trauma care system.

2. The data collected by and furnished to the department pursuant to this section shall not be public records under chapter 22. The compilations prepared for release or dissemination from the data collected shall be public records under chapter 22, which are not subject to section 22.7,

subsection 2. However, the confidentiality of patients is to be protected and the laws of this state apply with regard to patient confidentiality.

3. To the extent possible, activities under this section shall be coordinated with other health data collection methods.

Sec. 8. NEW SECTION. 147A.27 DEPARTMENT TO ADOPT RULES.

The department shall adopt rules, pursuant to chapter 17A, to implement the Iowa trauma care system plan, which specify all of the following:

1. Standards for trauma care.
2. Triage and transfer protocols.
3. Trauma registry procedures and policies.
4. Trauma care education and training requirements.
5. Hospital and emergency care facility categorization criteria.
6. Procedures for approval, denial, probation, and revocation of certificates of verification.

Sec. 9. NEW SECTION. 147A.28 PROHIBITED ACTS.

A hospital or emergency care facility that imparts or conveys, or causes to be imparted or conveyed, that it is a trauma care facility, or that uses any other term to indicate or imply that the hospital or emergency care facility is a trauma care facility without having obtained a certificate of verification under this division is subject to a civil penalty not to exceed one hundred dollars per day for each offense. In addition, the director may apply to the district court for a writ of injunction to restrain the use of the term "trauma health facility". However, nothing in this division shall be construed to restrict a hospital or emergency facility from providing any services for which it is duly authorized.

Sec. 10. IMPLEMENTATION. The trauma system advisory council and the Iowa department of public health, in implementing the Iowa trauma care system plan under this Act, shall utilize the findings and recommendation contained in the

Iowa trauma care plan developed and adopted by the Iowa trauma systems project planning consortium. The consortium was organized through the Iowa department of public health in October 1992 to develop a statewide trauma care delivery system. The consortium included representatives from hospitals, physician groups, other health care professionals, and state departments involved in health care delivery. The consortium is abolished upon establishment of the trauma system advisory council.

LEONARD L. BOSWELL
President of the Senate

RON J. CORBETT
Speaker of the House

I hereby certify that this bill originated in the Senate and is known as Senate File 118, Seventy-sixth General Assembly.

JOHN F. DWYER
Secretary of the Senate

Approved April 19, 1995

TERRY E. BRANSTAD
Governor