

**CHAPTER 40**  
**STATEWIDE TRAUMA CARE SYSTEM**  
*S.F. 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.

Approved April 19, 1995