

Chapter 431

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EMERGENCY MEDICAL SERVICES AND TRAUMA SYSTEM

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431.607 Health Division to develop comprehensive emergency medical services and trauma system. In cooperation with representatives of the emergency medical services professions, the Health Division shall develop a comprehensive emergency medical services and trauma system. The division shall report progress on the system to the Legislative Assembly. [1985 c.191 s.1]

431.608 [1987 c.918 s.9; repealed by 1997 c.546 s.4]

431.609 Designation of trauma areas; trauma system hospitals. (1) With the advice of the State Trauma Advisory Board, the Health Division shall:

(a) Develop and monitor a statewide trauma system; and

(b) Designate within the state, trauma areas consistent with local resources, geography and current patient referral patterns.

(2) Each trauma area shall have:

(a) Central medical control for all field care and transportation consistent with geographic and current communications capability.

(b) The development of triage protocols.

(c) One or more hospitals categorized according to trauma care capabilities using standards adopted by the Health Division by rule. Such rules shall be modeled after the American College of Surgeons Committee on Trauma standards.

(d) The establishment of area trauma advisory boards to develop trauma system plans for each trauma area.

(3) On and after July 1, 1986, the Health Division may designate trauma system hospitals in accordance with area trauma advisory board plans which meet state objectives and standards.

(4) Trauma system plans shall be implemented by June 30, 1987, in Health Systems Area I, and June 30, 1988, in Health Systems Areas II and III. [1985 c.191 s.2]

431.610 [Amended by 1961 c.610 s.4; renumbered 431.414]

431.611 Division to adopt rules; contents.

(1) Prior to approval and implementation of area trauma plans submitted to the Health Division by area trauma advisory boards, the division shall adopt rules pursuant to ORS 183.310 to 183.550 which specify state trauma objectives and standards, hospital categorization criteria and criteria and procedures to be utilized in designating trauma system hospitals.

(2) For approved area trauma plans recommending designation of trauma system hospitals, the division rules shall provide for:

(a) The transport of a member of a health maintenance organization, or other managed health care system, as defined by rule, to a hospital that contracts with the health maintenance organization when central medical control determines that the condition of the member permits such transport; and

(b) The development and utilization of protocols between designated trauma hospitals and health maintenance organizations, or other managed health care systems, as defined by rule, including notification of admission of a member to a designated trauma hospital within 48 hours of admission, and coordinated discharge planning between a designated trauma hospital and a hospital that contracts with a health maintenance organization to facilitate transfer of the member when the medical condition of the member permits. [1985 c.191 s.4]

431.613 Area trauma advisory boards; duties; members. (1) Area trauma advisory boards

shall meet as often as necessary to identify specific trauma area needs and problems and propose to the Health Division area trauma system plans and changes that meet state standards and objectives. The Health Division acting with the advice of the State Trauma Advisory Board will have the authority to implement these plans.

(2) In concurrence with the Governor, the Health Division shall select members for each area from lists submitted by local associations of emergency medical technicians, emergency nurses, emergency physicians, surgeons, hospital administrators, emergency medical services agencies and citizens at large. Members shall be broadly representative of the trauma area as a whole and shall consist of at least 15 members per area trauma advisory board, including:

- (a) Three surgeons;
- (b) Two physicians serving as emergency physicians;
- (c) Two hospital administrators from different hospitals;
- (d) Two nurses serving as emergency nurses;
- (e) Two emergency medical technicians serving different emergency medical services;
- (f) Two representatives of the public at large selected from among those submitting letters of application in response to public notice by the Health Division. Public members shall not have an economic interest in any decision of the health care service areas;
- (g) One representative of any bordering state which is included within the patient referral area;
- (h) One anesthesiologist; and
- (i) One ambulance service owner or operator or both. [1985 c.191 s.6]

431.615 [1971 c.650 s.45; repealed by 1973 c.358 s.15]

431.617 Liability of provider. No provider shall be held liable for acting in accordance with approved trauma system plans. [1985 c.191 s.7]

431.619 Continuous duties of division. The Health Division shall continuously identify the causes of trauma in Oregon, and propose programs of prevention thereof for consideration by the Legislative Assembly or others. [1985 c.191 s.8]

431.620 [Repealed by 1961 c.610 s.18]

431.623 Program created in Health Division. (1) The Emergency Medical Services and Trauma Systems Program is created within the Health Division for the purpose of administering and regulating ambulances, training and certifying

emergency medical technicians, establishing and maintaining emergency medical systems including trauma systems and obtaining appropriate data from the Oregon Injury Registry as necessary for trauma reimbursement, system quality assurance and assuring cost efficiency.

(2) For purposes of ORS 431.607 to 431.619 and ORS chapter 682, the duties vested in the Health Division shall be performed by the Emergency Medical Services and Trauma Systems Program.

(3) The program shall be administered by a director. [1991 c.784 s.1]

Note: 431.623 to 431.633 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 431 by legislative action. See Preface to Oregon Revised Statutes for further explanation.

431.625 [1971 c.650 s.46; repealed by 1977 c.582 s.61 and 1977 c.751 s.17a]

431.627 Designation of other trauma centers. (1) In addition to and not in lieu of ORS 431.607 to 431.617, the Health Division shall designate trauma centers in areas that are within the jurisdiction of trauma advisory boards other than in the area within the jurisdiction of area trauma advisory board 1.

(2) The Health Division shall enter into contracts with designated trauma centers and monitor and assure quality of care and appropriate costs for trauma patients meeting trauma system entry criteria.

(3) All findings and conclusions, interviews, reports, studies, communications and statements procured by or furnished to the Health Division, the State Trauma Advisory Board or an area trauma advisory board in connection with obtaining the data necessary to perform patient care quality assurance functions shall be confidential pursuant to ORS 192.501 to 192.505.

(4)(a) All data received or compiled by the State Trauma Advisory Board or any area trauma advisory board in conjunction with Health Division monitoring and assuring quality of trauma patient care shall be confidential and privileged, nondiscoverable and inadmissible in any proceeding. No person serving on or communicating information to the State Trauma Advisory Board or an area trauma advisory board shall be examined as to any such communications or to the findings or recommendations of such board. A person serving on or communicating information to the State Trauma Advisory Board or an area trauma advisory board shall not be subject to an action for civil damages for actions taken or statements made in good faith. Nothing in this section affects the admissibility in

evidence of a party's medical records not otherwise confidential or privileged dealing with the party's medical care. The confidentiality provisions of ORS 41.675 and 41.685 shall also apply to the monitoring and quality assurance activities of the State Trauma Advisory Board, area trauma advisory boards and the Health Division.

(b) As used in this section, "data" includes but is not limited to written reports, notes, records and recommendations.

(5) Final reports by the Health Division, the State Trauma Advisory Board and area trauma advisory boards shall be available to the public.

(6) The Health Division shall publish a biennial report of the Emergency Medical Services and Trauma Systems Program and trauma systems activities. [1991 c.784 s.3]

Note: See note under 431.623.

431.630 [Repealed by 1961 c.610 s.18]

431.633 Reporting of certain patients; reimbursement for certain services. (1) Designated trauma centers and providers, physical rehabilitation centers, alcohol and drug rehabilitation centers and ambulances shall develop a monthly log of all unsponsored, inadequately insured trauma system patients determined by the hospital to have an injury severity score greater than or equal to 13, and submit monthly to the Emergency Medical Services and Trauma Systems Program the true costs and unpaid balance for the care of these patients.

(2) No reimbursement for these patients shall occur until:

(a) All information required by the Emergency Medical Services and Trauma Systems Program rules is submitted to the Oregon Injury Registry; and

(b) The Emergency Medical Services and Trauma Systems Program confirms that the injury severity score, as defined by the Health Division by rule, is greater than or equal to 13.

(3) The Emergency Medical Services and Trauma Systems Program shall cause providers to be reimbursed in the following decreasing order of priority:

- (a) Designated trauma centers and providers;
- (b) Physical rehabilitation centers;
- (c) Alcohol and drug rehabilitation centers;

and

- (d) Ambulances.

(4) Subject to the availability of funds, the Emergency Medical Services and Trauma Systems Program shall cause the designated trauma centers and providers to be paid first in full. Subsequent providers shall be paid from the balance remaining according to

priority.

(5) Any matching funds, available pursuant to the federal Trauma Care Systems and Development Act of 1990 (H.R. 1602), that are available for purposes of the Emergency Medical Services and Trauma Systems Program may be used for related studies and projects and reimbursement for uncompensated care. [1991 c.784 s.4]

Note: See note under 431.623.

431.640 [Repealed by 1961 c.610 s.18]

431.650 [Repealed by 1961 c.610 s.18]

431.660 [Repealed by 1961 c.610 s.18]

431.670 [Repealed by 1961 c.610 s.18]