

## **211.490 Legislative findings concerning provision of trauma care.**

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) Regional preparedness planning has identified trauma care as a priority, and some grant funding has been obtained to initiate trauma care planning;
- (8) 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
- (9) 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.

**Effective:** July 15, 2008

**History:** Created 2008 Ky. Acts ch. 25, sec. 1, effective July 15, 2008.

**211.492 Definitions for KRS 211.490 to 211.496.**

For the purposes of KRS 211.490 to 211.496:

- (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.

**Effective:** July 15, 2008

**History:** Created 2008 Ky. Acts ch. 25, sec. 2, effective July 15, 2008.

**211.494 Statewide trauma care program -- Goals -- Advisory committee -- Components of trauma care system -- Coordination of activities -- Confidentiality of data -- Reports -- Administrative regulations.**

- (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 funded through available federal funds or, to the extent that funds are available, by the trauma care system fund established in KRS 211.496. 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 consist of eighteen (18) members as follows:
    1. Sixteen (16) of the members 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:
      - a. The Department for Public Health;
      - b. The Kentucky Board of Medical Licensure;
      - c. The Kentucky Board of Nursing;
      - d. The Kentucky Board of Emergency Medical Services;
      - e. The Kentucky Medical Association;
      - f. The Kentucky Hospital Association;
      - g. The Kentucky Committee on Trauma of the American College of Surgeons;
      - h. One (1) representative from each verified Level I trauma center;
      - i. 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 subdivision;
      - j. The Kentucky Chapter of the American College of Emergency Physicians;
      - k. The Kentucky Chapter of the Emergency Nurses Association;

1. The Kentucky Transportation Cabinet; and
    - m. Two (2) members at large, one (1) of whom shall be a health care consumer; and
  2. Two (2) members shall be appointed by the Governor as follows:
    - a. One (1) representative with extensive experience in injury prevention programs; and
    - b. One (1) representative with pediatric trauma experience.
- (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 may receive reimbursement for actual and necessary expenses relating to the duties of the advisory committee in accordance with state regulations relating to travel reimbursement.
- (f) Expenses associated with the advisory committee shall be paid by the trauma care system fund established in KRS 211.496, to the extent funds are available.
- (4) The statewide trauma care director and 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 or the statewide trauma care director and the advisory committee established in this section 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 or the statewide trauma care director, 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 KRS 211.490 to 211.496 shall be confidential and for use solely by the Department for Public Health, the statewide trauma care director, the 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 statewide trauma care director 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.

**Effective:** July 12, 2012

**History:** Amended 2012 Ky. Acts ch. 158, sec. 45, effective July 12, 2012. -- Created 2008 Ky. Acts ch. 25, sec. 3, effective July 15, 2008.

**211.496 Kentucky trauma care system fund -- Uses.**

- (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 KRS 211.490 to 211.496. Moneys in the fund are hereby appropriated for the purposes set forth in KRS 211.490 to 211.496.
- (2) The trauma care system fund shall be used to support:
  - (a) Administrative costs of the Department for Public Health, the statewide trauma care director, and the advisory committee 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 KRS 211.490 to 211.496.
- (4) Any interest earned on moneys in the account shall accrue to the fund and shall be used for the purposes set forth in KRS 211.490 to 211.496.

**Effective:** July 15, 2008

**History:** Created 2008 Ky. Acts ch. 25, sec. 4, effective July 15, 2008.

### **311A.010 Definitions for chapter.**

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

- (1) "Ambulance" means a vehicle which has been inspected and approved by the board, including a helicopter or fixed-wing aircraft, except vehicles or aircraft operated by the United States government, that are specially designed, constructed, or have been modified or equipped with the intent of using the same, for the purpose of transporting any individual who is sick, injured, or otherwise incapacitated who may require immediate stabilization or continued medical response and intervention during transit or upon arrival at the patient's destination to safeguard the patient's life or physical well-being;
- (2) "Ambulance provider" means any individual or private or public organization, except the United States government, who is licensed by the board to provide medical transportation services at either basic life support level or advanced life support level and who may have a vehicle or vehicles, including ground vehicles, helicopters, or fixed-wing aircraft to provide such transportation. An ambulance provider may be licensed as an air ambulance provider, as a Class I ground ambulance provider, as a Class II ground ambulance provider, or as a Class III ground ambulance provider;
- (3) "Board" means the Kentucky Board of Emergency Medical Services;
- (4) "Emergency medical facility" means a hospital or any other institution licensed by the Cabinet for Health and Family Services that furnishes emergency medical services;
- (5) "Emergency medical services" means the services utilized in providing care for the perceived individual need for immediate medical care to protect against loss of life, or aggravation of physiological or psychological illness or injury;
- (6) "Emergency Medical Services for Children Program" or "EMSC Program" means the program established under this chapter;
- (7) "Emergency medical services personnel" means persons, certified or licensed, and trained to provide emergency medical services, and an authorized emergency medical services medical director, whether on a paid or volunteer basis;
- (8) "Emergency medical services system" means a coordinated system of health-care delivery that responds to the needs of acutely sick and injured adults and children, and includes community education and prevention programs, centralized access and emergency medical dispatch, communications networks, trained emergency medical services personnel, medical first response, ground and air ambulance services, trauma care systems, mass casualty management, medical direction, and quality control and system evaluation procedures;
- (9) "Emergency medical services training or educational institution" means any person or organization which provides emergency medical services training or education or in-service training, other than a licensed ambulance service which provides training, or in-service training in-house for its own employees or volunteers;
- (10) "Emergency medical technician" or "EMT" means a person certified under this chapter as an EMT-basic, EMT-basic instructor, or EMT-instructor trainer;

- (11) "First responder" means a person certified under this chapter as a first responder or first responder instructor;
- (12) "Emergency medical services medical director" means a physician licensed in Kentucky who is employed by, under contract to, or has volunteered to provide supervision for a paramedic or an ambulance service, or both;
- (13) "Paramedic" means a person who is involved in the delivery of medical services and is licensed under this chapter;
- (14) "Paramedic course coordinator" means a person certified under this chapter to coordinate a paramedic course. A paramedic course coordinator shall not practice as a paramedic unless they are also licensed as a paramedic;
- (15) "Paramedic preceptor" means a licensed paramedic who supervises a paramedic student during the field portion of the student's training;
- (16) "Prehospital care" means the provision of emergency medical services or transportation by trained and certified or licensed emergency medical services personnel at the scene or while transporting sick or injured persons to a hospital or other emergency medical facility; and
- (17) "Trauma" means a single or multisystem life-threatening or limb-threatening injury requiring immediate medical or surgical intervention or treatment to prevent death or permanent disability.

**Effective:** June 20, 2005

**History:** Amended 2005 Ky. Acts ch. 99, sec. 592, effective June 20, 2005. -- Created 2002 Ky. Acts ch. 211, sec. 1, effective July 15, 2002.