

**Department of State Health Services
Agenda Item for State Health Services Council
October 5, 2006**

Agenda Item Title: Amendment 25 TAC, §157.131, Rule Relating to the Designated Trauma Facilities and Emergency Medical Services (EMS) Account

Agenda Number: 3h

Recommended Council Action:

For Discussion Only

For Discussion and Action by the Council

Background: Revision of this section is necessary to provide clarification and to narrow the definition of trauma care to meet the original intent outlined in Health and Safety Code, §773.112. The proposed new language more clearly defines the types of trauma patients to be reported by hospitals in the uncompensated trauma care funding application.

Summary: The proposed amendment to §157.131 provides clarification to the definition of trauma care by clearly defining the types of patients that can be reported in a hospital's uncompensated trauma care funding application. The proposed amendment will require a patient to meet a hospital's trauma team activation criteria and/or be entered into the hospital's trauma registry in addition to the existing criteria outlined in rule language.

Summary of Stakeholder Input to Date (including advisory committees): The rule was reviewed and endorsed at the May 19, 2006, Governor's EMS and Trauma Advisory Council (GETAC) meeting. Stakeholders had access to draft copies of the rule at the meeting and had an opportunity to provide input during the Trauma Systems Standing Committees of the Governor's EMS and Trauma Advisory Council. The Standing Committee voted to recommend GETAC to endorse the rule for the HHSC rule-making process. The amendment reflects consensus achieved by the GETAC, stakeholders, and department staff. Stakeholder comments did not result in any change.

Proposed Motion: Motion to recommend HHSC approval for publication of rules contained in the agenda item # 3h.

Agenda Item Approved by: Rick Bays

Date Submitted

Presented by: Kathryn C. Perkins, RN, MBA **Title:** Director

6/19/06

Program/Division: HCQS **Contact Name/Phone:** Kathryn C. Perkins 834-6700

Title 25. HEALTH SERVICES
Part 1. DEPARTMENT OF STATE HEALTH SERVICES
Chapter 157. Emergency Medical Care
Subchapter G. Emergency Medical Services Trauma Systems
Amendment §157.131

Proposed Preamble

The Executive Commissioner of the Health and Human Services Commission, on behalf of the Department of State Health Services (department), proposes an amendment to §157.131, concerning the designation of trauma facilities and the Emergency Medical Services (EMS) account.

BACKGROUND AND PURPOSE

The amendment to this section is necessary to provide clarification and narrow the definition of trauma care to meet the original intent outlined in Health and Safety Code, §773.112. The proposed new language more clearly defines the types of trauma patients to be reported by hospitals in the uncompensated trauma care funding application. The existing rule language currently allows a hospital to include patient charges that meet the existing definition of trauma care but do not meet the intent of the statute in its uncompensated trauma care application. The intent of the statute is to help reimburse a portion of the uncompensated trauma care for emergent trauma patients provided by trauma centers. The existing language allows for non-emergent and non-trauma related charges to be included. Additionally, the amendment was endorsed by the Governor's EMS and Trauma Advisory Council at its May 2006 meeting. The department anticipates the proposed amendment will clarify the definition of trauma care and ensure that appropriate trauma patient charges are reported in a hospital's uncompensated trauma care application.

SECTION-BY-SECTION SUMMARY

The amendment to §157.131 provides clarification to the definition of trauma care. The amendment concerns the types of patients that can be reported in a hospital's uncompensated trauma care funding application. The proposed amendment to the definition of trauma care requires a patient to meet a hospital's trauma team activation criteria and/or be entered into the hospital's trauma registry in addition to the existing criteria outlined in the rule language.

FISCAL NOTE

Kathryn C. Perkins, Section Director, Health Care Quality Section, has determined that there will be no fiscal implications to state or local governments as a result of enforcing or administering the section as proposed for each year of the first five years that the section is in effect.

SMALL AND MICRO-BUSINESS IMPACT ANALYSIS

Ms. Perkins has also determined that there will be no effect on small businesses or micro-businesses required to comply with the section as proposed. This was determined by interpretation of the rule that small businesses and micro-businesses will not be required to alter their business practices in order to comply with this section. There are no anticipated economic costs to persons who are required to comply with the section as proposed. There is no anticipated negative impact on local employment.

PUBLIC BENEFIT

In addition, Ms. Perkins has also determined that the public will benefit from adoption of the section for each year of the first five years the section is in effect. The public benefit anticipated as a result of enforcing or administering the section is a strengthening of the state EMS/Trauma System.

REGULATORY ANALYSIS

The department has determined that this proposal is not a "major environmental rule" as defined by Government Code, §2001.0225. "Major environmental rule" is defined to mean a rule the specific intent of which is to protect the environment or reduce risk to human health from environmental exposure and that may adversely affect, in a material way, the economy, a sector of the economy, productivity, competition, jobs, the environment or the public health and safety of a state or a sector of the state. This proposal is not specifically intended to protect the environment or reduce risks to human health from environmental exposure.

TAKINGS IMPACT ASSESSMENT

The department has determined that the proposed amendment does not restrict or limit an owner's right to his or her property that would otherwise exist in the absence of government action and, therefore, does not constitute a taking under Government Code, §2007.043.

PUBLIC COMMENT

Comments on the proposal may be submitted to Stephen C. Janda, Director, Office of EMS/Trauma Systems Coordination, Department of State Health Services, 1100 West 49th Street, Austin, Texas 78756, 512/834-6700 or by email to steve.janda@dshs.state.tx.us. Comments will be accepted for 30 days following publication of the proposal in the *Texas Register*.

LEGAL CERTIFICATION

The Department of State Health Services General Counsel, Cathy Campbell, certifies that the proposed rule has been reviewed by legal counsel and found to be within the state agencies' authority to adopt.

STATUTORY AUTHORITY

The proposed amendment is authorized by the Health and Safety Code, Chapter 773, Emergency Medical Services, which provides the department with the authority to adopt rules to implement the Emergency Medical Services Act; and Government Code, §531.0055, and Health and Safety Code, §1001.075, which authorize the Executive Commissioner of the Health and Human Services Commission to adopt rules and policies necessary for the operation and provision of health and human services by the department and for the administration of Health and Safety Code, Chapter 1001.

The amendment affects the Health and Safety Code, Chapters 773 and 780.

Legend: (Proposed Amendment)

Single Underline = Proposed new language

Regular Print = Current language

(No change.) = No changes are being considered for the designated subdivision

§157.131. Designated Trauma Facility and Emergency Medical Services Account.

(a) Definitions. The following words and terms, when used in this section, shall have the following meanings, unless the context clearly indicates otherwise.

(1) - (4) (No Change.)

(5) Trauma care--Care provided to patients who met the facility's trauma team activation criteria and/or were entered into the facility's Trauma Registry and underwent treatment specified in at least one of the following ICD-9 (International Classification of Diseases, 9th Revision, of the National Center of Health Statistics) codes: between 800 and 959.9, including 940-949 (burns), excluding 905-909 (late effects of injuries), 910-924 (blisters, contusions, abrasions, and insect bites), 930-939 (foreign bodies), and who underwent an operative intervention as defined in paragraph (9) of this subsection or was admitted as an inpatient for greater than 23-hours or who died after receiving any emergency department evaluation or treatment or was dead on arrival to the facility or who transferred into or out of the hospital.

(6) - (13) (No Change.)

(b) - (f) (No Change.)