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House BILL NO. 591

INTRODUCED BY

Wiseman *Trickett* *B. Baucke* *Wass* *Walt*

BY REQUEST OF THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

Forbes *Jester* *Lynch* *McLean*

A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING FOR A STATEWIDE TRAUMA CARE SYSTEM; CREATING AN EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL AND A TRAUMA CARE COMMITTEE; REQUIRING THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES TO CREATE AND ADMINISTER THE SYSTEM; REQUIRING THE DEPARTMENT TO ADOPT RULES; PROVIDING FOR DESIGNATION OF TRAUMA CARE FACILITIES; PROVIDING FOR REGIONAL TRAUMA CARE ADVISORY COMMITTEES; PROVIDING FOR CONFIDENTIALITY OF TRAUMA DATA AND QUALITY IMPROVEMENT RECORDS; PROVIDING FOR A GRANT-IN-AID PROGRAM; IMPOSING A FEE ON CERTAIN VEHICLES; PROVIDING AN APPROPRIATION; AMENDING SECTIONS 50-6-103, 61-3-321, AND 61-3-510, MCA; AND PROVIDING EFFECTIVE DATES."

WHEREAS, the Legislature recognizes that trauma is the leading cause of death and disability for Montanans under 44 years of age and causes the loss of more years of human life than all other causes of death combined; and

WHEREAS, the death rate from injury in Montana is higher than the national norm, resulting in an economic loss to the state because of the productive years of life lost and the cost of treatment and rehabilitation; and

WHEREAS, organized systems of trauma care have been shown to reduce the number of deaths and disabilities resulting from trauma; and

WHEREAS, the people of the State of Montana would benefit from establishment and coordination of a statewide trauma care system.

STATEMENT OF INTENT

A statement of intent is required for this bill because [section 4(2)] requires the department of health and environmental sciences to adopt rules to implement a statewide trauma care system. It is the intent of the legislature that the rules adopted by the department:

- (1) determine trauma regions by existing patient flow patterns;



1 (2) specify procedures that ensure due process in the designation and revocation of designation
2 of trauma facilities;

3 (3) adopt protocols that will be used to screen and classify trauma patients to ensure that they are
4 sent to the most appropriate treatment facilities and receive the most appropriate treatment;

5 (4) adopt standards for the state and hospital trauma registers in order to ensure that data on
6 trauma cases is collected and organized in a manner allowing analysis of the quality of trauma care and the
7 improvement of that care; and

8 (5) establish four levels of trauma care facilities, each having a different capacity for trauma
9 treatment:

10 (a) regional centers capable of providing advanced trauma care to a region;

11 (b) area trauma hospitals capable of handling most trauma patients within their ordinary service
12 areas;

13 (c) community trauma hospitals with limited emergency and surgical coverage; and

14 (d) trauma receiving facilities, such as hospitals with no surgical coverage and medical assistance
15 facilities.

16
17 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

18
19 **NEW SECTION. Section 1. Emergency medical services advisory council.** (1) There is an
20 emergency medical services advisory council.

21 (2) The council consists of a minimum of 15 members appointed by the governor, as follows:

22 (a) the presiding officer of the trauma care committee appointed pursuant to [section 2];

23 (b) a member of the American college of emergency physicians, Montana chapter;

24 (c) a member of the Montana committee on trauma of the American college of surgeons;

25 (d) a member of the emergency nurses association;

26 (e) a representative of Montana flight nurses;

27 (f) a representative of Montana firefighting service organizations;

28 (g) a representative of Montana trauma coordinators;

29 (h) a representative of prehospital caregivers;

30 (i) a representative of the Montana hospital association;

1 (j) a member of the Montana medical association;

2 (k) a representative of the Montana nurses association;

3 (l) a representative of the Indian health service;

4 (m) a member of the Montana state board of medical examiners;

5 (n) a member of the Montana emergency medical services association; and

6 (o) a representative of consumers of emergency health care services.

7 (3) The governor may not appoint more than 10 additional members.

8 (4) Members are appointed for 4-year terms, except that one-half of the members initially appointed
9 shall serve terms of 2 years. Members serve at the pleasure of the governor. If a vacancy occurs, the
10 governor shall appoint a replacement to fill the unexpired term. A member may be reappointed.

11 (5) The members of the council shall elect a presiding officer who shall serve a 2-year term and
12 may not be reelected.

13 (6) A member of the council may not receive compensation for performing the member's duties
14 but must be reimbursed for expenses.

15 (7) The council is attached to the department of health and environmental sciences for
16 administrative purposes only as provided in 2-15-121.

17 (8) The council has the duties provided in [section 5].

18

19 **NEW SECTION. Section 2. Trauma care committee.** (1) There is a trauma care committee.

20 (2) The committee consists of members appointed by the governor as follows:

21 (a) a member of the Montana committee on trauma of the American college of surgeons, who shall
22 serve as presiding officer of the committee;

23 (b) two members from each regional trauma care advisory committee created pursuant to [section
24 8];

25 (c) a member of the Montana trauma coordinators;

26 (d) a representative of the Montana hospital association;

27 (e) a member of the Montana medical association;

28 (f) a member of the emergency nurses association;

29 (g) an individual who is or who is employed by a Montana private ambulance operator;

30 (h) a member of the Montana emergency medical services association;

- 1 (i) a nurse or physician representing the Indian health service; and
2 (j) a member of the American college of emergency physicians, Montana chapter.
- 3 (3) Members must be appointed for 4-year terms, except that seven of the members initially
4 appointed shall serve terms of 2 years. Members serve at the pleasure of the governor. If a vacancy
5 occurs, the governor shall appoint a replacement to fill the unexpired term. A member may be reappointed.
- 6 (4) A member of the committee may not receive compensation for performing the member's duties
7 but must be reimbursed for expenses.
- 8 (5) The committee is attached to the department of health and environmental sciences for
9 administrative purposes only as provided in 2-15-121.
- 10 (6) The committee has the duties provided in [section 6].

11
12 **NEW SECTION. Section 3. Definitions.** As used in [sections 3 through 12], unless the context
13 clearly requires otherwise, the following definitions apply:

- 14 (1) "Department" means the department of health and environmental sciences provided for in Title
15 2, chapter 15, part 21.
- 16 (2) "Emergency medical service" means an emergency medical service as defined by 50-6-302.
- 17 (3) "Emergency medical services advisory council" means the emergency medical services advisory
18 council created in [section 1].
- 19 (4) "Health care facility" or "facility" means a hospital or medical assistance facility as defined in
20 50-5-101.
- 21 (5) "Hospital trauma register" means patient-specific trauma data that is maintained by a health
22 care facility, in a format prescribed by department rule, and that has the primary purpose of facilitating peer
23 review and quality improvement at the health care facility.
- 24 (6) "Quality improvement" means the process of defining trauma care system performance
25 standards, collecting data against which the standards may be applied, using the data to determine
26 compliance with the standards, and using the data and compliance information in a nonpunitive manner,
27 including peer review, that will continuously improve performance and facilitate compliance with the
28 standards.
- 29 (7) "State trauma register" means trauma data relating to a specific patient or health care facility
30 that is maintained by the department in an electronic format and that has the primary purpose of facilitating

1 peer review and quality improvement for a health care facility or a trauma care system.

2 (8) "Trauma" means a severe, abrupt injury to the human body that is caused by mechanical,
3 environmental, thermal, or other physical force.

4 (9) "Trauma care committee" means the trauma care committee created in [section 2].

5 (10) "Trauma care system" means a state or regional system for the prevention of trauma and the
6 provision of optimal medical care to trauma victims that includes both provision of appropriate health care
7 services and provision of emergency medical care, equipment, and personnel for effective and coordinated
8 prehospital, hospital, interhospital, and rehabilitative care for trauma patients.

9 (11) "Trauma facility" means a health care facility designated by the department pursuant to
10 [section 7] as providing a specialized program in trauma care with appropriately trained personnel,
11 equipment, and other facility resources that are specifically organized to provide optimal care to a trauma
12 patient at the facility.

13 (12) "Trauma region" means a geographic area, designated by department rule pursuant to [section
14 4], within which trauma services are coordinated and evaluated through a regional trauma care system.

15

16 **NEW SECTION. Section 4. Department duties -- rules.** (1) The department shall plan, coordinate,
17 implement, and administer a statewide trauma care system that involves all health care facilities and
18 emergency medical services within the state. The department shall also develop and adopt a statewide
19 trauma care system plan and a state trauma register.

20 (2) The department shall adopt rules to:

21 (a) establish and coordinate the statewide trauma care system, including rules that establish:

22 (i) various levels of trauma facilities and the standards each facility is required to meet concerning
23 personnel, equipment, resources, data collection, and organizational capabilities;

24 (ii) procedures for, standards for, and the duration of designation and revocation of designation of
25 a trauma facility, including application procedures, site survey procedures, complaint investigation, and
26 emergency suspension of designation;

27 (iii) operational procedures and criteria for the regional trauma advisory committees;

28 (iv) prehospital emergency medical services triage and treatment protocols for trauma patients;

29 (v) triage and treatment protocols for the transfer of injured persons between health care facilities;

30 (vi) requirements for collection and release of trauma register data;

1 (vii) quality improvement standards for emergency medical services and trauma care facilities; and
2 (viii) the duties, responsibilities, and functions of the emergency medical services advisory council
3 created by [section 1], the trauma care committee created by [section 2], and the regional trauma care
4 advisory committees created pursuant to [section 8];

5 (b) designate trauma regions throughout Montana, taking into consideration geographic distance
6 from available trauma care, transportation modalities available, population location and density, health care
7 facility resources, historical patterns of patient referral, and other considerations relevant to optimum
8 provision of emergency medical care;

9 (c) establish the procedure to be followed by a health care facility to appeal to the department a
10 decision by the department pursuant to [section 7] affecting the facility's designation as a trauma facility;

11 (d) specify the information that must be submitted to the department, including information from
12 health care facilities, for statistical evaluation of the state and regional trauma care systems, planning
13 prevention programs, assessing trauma-related educational priorities, and determining how trauma facilities
14 and emergency medical services may comply with protocols and standards adopted by the department;

15 (e) establish procedures and standards for implementation of the grant-in-aid program required by
16 [section 11], including the level of matching funds that recipients are required to contribute; and

17 (f) establish the electronic format and other standards that a health care facility trauma data system
18 is required to meet in order to qualify as a hospital trauma register.

19 (3) The department shall submit a report to each session of the legislature concerning the
20 effectiveness of the trauma care system established under [sections 3 through 12].

21 (4) [Sections 3 through 12] do not restrict any other provisions of law allowing or requiring a health
22 care facility or health care provider to provide health care services.

23
24 **NEW SECTION. Section 5. Duties of emergency medical services advisory council.** The emergency
25 medical services advisory council created by [section 1] shall consider the recommendations of the trauma
26 care committee created by [section 2] and shall provide advice, guidance, and recommendations to the
27 department concerning:

28 (1) emergency medical service issues;

29 (2) the state emergency medical services plan provided for in Title 50, chapter 6, part 1;

30 (3) budget amounts and priorities for state emergency medical service programs; and

1 (4) requests to the department for emergency medical service grants-in-aid submitted pursuant to
2 [section 11].

3
4 **NEW SECTION. Section 6. Duties of trauma care committee.** The trauma care committee provided
5 for in [section 2] shall:

6 (1) provide recommendations and guidance to the department concerning:

7 (a) trauma care, including suggestions for changes to the statewide trauma care system;

8 (b) the implementation of a hospital data collection system; and

9 (c) the design and implementation of a statewide and regional quality improvement system for
10 trauma care that considers the standards recommended by the American college of surgeons and the joint
11 commission on accreditation of healthcare organizations;

12 (2) assist the department in conducting statewide quality improvement and peer review functions
13 by regularly analyzing the effect of the statewide trauma care system on patient care, morbidity, and
14 mortality;

15 (3) provide recommendations to and oversight and coordination of the activities of the regional
16 trauma care advisory committees;

17 (4) provide recommendations to the emergency medical services advisory committee concerning
18 the statewide trauma care system and the integration of trauma care with the emergency medical services
19 delivery system; and

20 (5) review requests for grants-in-aid and make recommendations concerning those requests to the
21 emergency medical services advisory council.

22
23 **NEW SECTION. Section 7. Department designation of trauma facility -- revocation of designation**
24 **-- appeal.** (1) In order to be designated as a trauma facility, a health care facility shall submit to the
25 department an application, on a form specified by the department, that provides the information required
26 by department rule.

27 (2) Upon receipt of a completed application for designation as a trauma facility, the department
28 shall review the application for compliance with standards adopted by the department for designation of
29 trauma care facilities. If the facility meets the standards adopted by the department, the department shall
30 designate the facility as a trauma care facility, specifying the level of trauma care determined by the

1 department to be appropriate for the facility.

2 (3) The department may revoke a designation as a trauma care facility if the facility no longer
3 meets the requirements for designation or otherwise violates a department standard required to maintain
4 designation.

5 (4) The department shall notify the applicant in writing of the department's decision to approve,
6 deny, or revoke a health care facility's designation as a trauma facility.

7 (5) A health care facility that submitted an application pursuant to subsection (1) may appeal a
8 department decision refusing to designate the facility, a decision designating the facility for a different level
9 of trauma care than requested by the facility, or a decision to revoke a designation as a trauma facility.
10 In order to appeal the decision, the health care facility shall submit a written request for a hearing to the
11 department within 30 days after the facility receives notice of the department's decision. The hearing on
12 the appeal must be conducted pursuant to 2-4-604.

13 (6) Unless the appellant agrees to an extension of time, the department shall, within 30 days of
14 its decision in an appeal pursuant to subsection (5), serve the appellant with written findings and
15 conclusions that form the basis for the department's decision.

16

17 **NEW SECTION. Section 8. Regional trauma care advisory committees.** (1) Each trauma facility
18 designated by the department pursuant to [section 7] shall appoint one representative to a regional trauma
19 care advisory committee for the region in which the facility is located.

20 (2) Members of a regional trauma care advisory committee serve 4-year terms, except that one-half
21 of the members initially appointed shall, as determined by lot, serve 2-year terms. If a vacancy occurs, the
22 appointing authority shall appoint a replacement to fill the unexpired term. Members may be reappointed
23 and may be removed for cause by the appointing authority.

24 (3) Members of a regional trauma care advisory committee shall elect a presiding officer who shall
25 serve a term of 2 years.

26 (4) Members of a regional trauma care advisory committee do not receive compensation from the
27 state and may not be reimbursed by the state for their expenses.

28 (5) Regional trauma care advisory committees have the duties provided in [section 9].

29

30 **NEW SECTION. Section 9. Duties of regional trauma care advisory committees.** A regional trauma

1 care advisory committee shall:

2 (1) establish standards, policies, procedures, and protocols for the regional trauma care system;

3 (2) conduct regional trauma care quality improvement, including receipt of reports prepared by the
4 department containing trauma care data and making recommendations to trauma care facilities within the
5 region based upon those reports;

6 (3) advise the trauma care committee concerning the statewide trauma care system;

7 (4) establish trauma education and injury prevention programs;

8 (5) provide advice concerning trauma care to health care facilities and other providers of health
9 care;

10 (6) review requests for grants-in-aid pursuant to [section 11] and make recommendations
11 concerning each regional request to the trauma care committee;

12 (7) perform other duties required by department rule; and

13 (8) conduct other activities needed to ensure optimal delivery of trauma care services within the
14 region.

15

16 **NEW SECTION. Section 10. Confidentiality.** (1) Data in a health care facility's hospital trauma
17 register and reports developed from that data pertaining to quality of trauma care may be given by the
18 facility only to:

19 (a) the facility's peer review committee;

20 (b) the regional trauma care advisory committee of the region in which the facility is located;

21 (c) the trauma care committee; or

22 (d) the department.

23 (2) Data in the state trauma register and hospital trauma registers is not subject to discovery in a
24 civil action and may not be introduced into evidence in a judicial or administrative proceeding.

25 (3) Data and reports concerning peer review, quality improvement, or the quality of the trauma care
26 provided by a health care facility or a health care provider that are produced by a regional trauma care
27 advisory committee or the trauma care committee or provided by a health care facility to a regional trauma
28 care advisory committee or the trauma care committee, as well as the proceedings of those committees
29 concerning peer review and quality improvement, are not subject to discovery in a civil action and may not
30 be introduced into evidence in a judicial or administrative proceeding.

1 (4) A statistical report on trauma and trauma care developed by the department that does not
2 identify specific health care facilities, health care providers, or patients is not confidential and is considered
3 public information.

4 (5) A statistical report developed by a health care facility from information in its hospital trauma
5 register that does not pertain to peer review or quality improvement is not confidential and is considered
6 public information.

7 (6) Information in a department record or report that is used to evaluate and improve the quality
8 of emergency medical service and trauma care by a health care facility or emergency medical service is not
9 subject to discovery and may not be introduced in evidence in a judicial or administrative proceeding.

10 (7) Information in a department record or report that is used to determine whether a health care
11 facility will be designated or lose its designation as a trauma care facility is not confidential and is
12 considered public information.

13 (8) A standard or protocol adopted by the department pursuant to [sections 3 through 12] may not
14 be used to demonstrate negligence or lack of negligence by a health care provider or health care facility to
15 whom the standard or protocol applies.

16
17 **NEW SECTION. Section 11. Grant-in-aid program.** (1) The department shall establish a
18 grant-in-aid program to assist emergency medical services, trauma facilities, and medical assistance facilities
19 in meeting the needs of the statewide trauma care system and the emergency medical service system. The
20 needs of these systems include the procurement of special equipment and training of personnel. As part
21 of the program, the department shall establish priorities against which all applications for grants-in-aid must
22 be compared.

23 (2) After receiving recommendations from the trauma care committee and the relevant regional
24 trauma care advisory committee, the emergency medical services advisory council shall, in accordance with
25 standards established by department rule, evaluate requests for grants-in-aid. The council shall determine
26 the extent to which the requests fulfill the priorities established by the department pursuant to subsection
27 (1) and shall decide which applicants will receive grants of funds from the trauma system grant-in-aid
28 account established in [section 12].

29 (3) A recipient of a grant shall contribute matching funds to the project for which the grant was
30 approved, in an amount required by department rule.

1 **NEW SECTION. Section 12. Trauma system accounts -- appropriations.** (1) There are within the
2 state special revenue fund a trauma system implementation account and a trauma system grant-in-aid
3 account.

4 (2) Fees received by the state treasurer pursuant to 61-3-321(7) must be deposited in the accounts
5 as follows:

6 (a) on and after January 1, 1996, 70 cents of each fee must be deposited in the trauma system
7 grant-in-aid account;

8 (b) during calendar year 1996, 20 cents of each fee must be deposited in the trauma system
9 implementation account; and

10 (c) on and after January 1, 1997, 50 cents of each fee must be deposited in the trauma system
11 implementation account.

12 (3) Money in the trauma system implementation account is subject to appropriation by the
13 legislature to the department for the purpose of the operation of the statewide trauma system, including
14 paying the expenses of the emergency medical services advisory council and the trauma care committee,
15 operating the state trauma register and the evaluation system, operating the prehospital emergency medical
16 services data collection system, providing education and training, providing technical assistance to
17 emergency medical services and trauma facilities, providing trauma prevention public education, and
18 coordinating the statewide trauma system.

19 (4) Money in the trauma system grant-in-aid account is subject to appropriation by the legislature
20 to the department for the purposes of funding the grant-in-aid program established by [section 11].

21

22 **Section 13.** Section 50-6-103, MCA, is amended to read:

23 "**50-6-103. Powers of department.** (1) The department of health and environmental sciences is
24 authorized to confer and cooperate with ~~any and~~ all ~~other~~ persons, organizations, and governmental
25 agencies that have an interest in emergency medical services problems and needs.

26 (2) The department is authorized to accept, receive, expend, and administer any and all funds
27 ~~which~~ that are now available or ~~which~~ that may be donated, granted, or appropriated to the department.

28 (3) The department may, after consultation with the emergency medical services advisory council,
29 the trauma care committee, the Montana committee on trauma of the American college of surgeons, the
30 Montana hospital association, and the Montana medical association, adopt rules necessary to implement

1 [sections 3 through 12]."

2

3 **Section 14.** Section 61-3-321, MCA, is amended to read:

4 **"61-3-321. Registration fees of vehicles -- public-owned vehicles exempt from license or**
5 **registration fees -- disposition of fees.** (1) Registration or license fees must be paid upon registration or
6 reregistration of motor vehicles, trailers, housetrailers, and semitrailers, in accordance with this chapter,
7 as follows:

8 (a) motor vehicles weighing 2,850 pounds or under (other than motortrucks), \$5;

9 (b) motor vehicles weighing over 2,850 pounds (other than motortrucks), \$10;

10 (c) electrically driven passenger vehicles, \$10;

11 (d) all motorcycles and quadricycles, \$2;

12 (e) tractors and/or trucks, \$10;

13 (f) buses are classed as motortrucks and licensed accordingly;

14 (g) trailers and semitrailers less than 2,500 pounds maximum gross loaded weight and housetrailers
15 of all weights, \$2;

16 (h) trailers and semitrailers over 2,500 up to 6,000 pounds maximum gross loaded weight (except
17 housetrailers), \$5;

18 (i) trailers and semitrailers over 6,000 pounds maximum gross loaded weight, \$10, except trailers
19 and semitrailers registered in other jurisdictions and registered through a proportional registration
20 agreement;

21 (j) trailers used exclusively in the transportation of logs in the forest or in the transportation of oil
22 and gas well machinery, road machinery, or bridge materials, new and secondhand, \$15 annually,
23 regardless of size or capacity.

24 (2) All rates are 25% higher for motor vehicles, trailers, and semitrailers not equipped with
25 pneumatic tires.

26 (3) "Tractor", as specified in this section, means any motor vehicle, except passenger cars, used
27 for towing a trailer or semitrailer.

28 (4) If any motor vehicle, housetrailer, trailer, or semitrailer is originally registered 6 months after
29 the time of registration as set by law, the registration or license fee for the remainder of the year is one-half
30 of the regular fee.

1 (5) An additional fee of \$5.25 per year for each registration of a vehicle, except trailers and
 2 semitrailers registered in other jurisdictions and registered through a proportional registration agreement,
 3 must be collected as a registration fee. Revenue from this fee must be forwarded by the respective county
 4 treasurers to the state treasurer for deposit in the general fund. The department shall distribute 25 cents
 5 from the motor vehicle registration fee for payment of supplemental benefits provided for in 19-6-709.

6 (6) A fee of \$2 for each set of new number plates must be collected when number plates provided
 7 for under 61-3-332(3) are issued. Revenue from this fee must be deposited as provided in subsection (5).

8 (7) Beginning January 1, 1996, an additional fee must be collected as a fee for the registration of
 9 each personal passenger vehicle, bus, truck, and motor home. The fee must be forwarded by the
 10 respective county treasurers to the state treasurer for deposit in the special revenue accounts established
 11 by [section 12] to fund the statewide emergency medical services and trauma system programs. The fee
 12 is 90 cents during calendar year 1996 and \$1.20 on and after January 1, 1997.

13 ~~(7)(8)~~ The provisions of this part with respect to the payment of registration fees do not apply to
 14 and are not binding upon motor vehicles, trailers or semitrailers, or tractors owned or controlled by the
 15 United States of America or any state, county, or city.

16 ~~(8)(9)~~ The provisions of this section relating to the payment of registration fees or new number
 17 plate fees do not apply when number plates are transferred to a replacement vehicle under 61-3-317,
 18 61-3-332, or 61-3-335."

19
 20 **Section 15.** Section 61-3-510, MCA, is amended to read:

21 **"61-3-510. Weed control fee.** (1) A special weed control fee of \$1.50 must be assessed on the
 22 annual registration or reregistration of each motor vehicle subject to registration. The fee must be collected
 23 by the county treasurer.

24 (2) For purposes of this section, motor vehicle includes:

- 25 (a) motor vehicle as defined in 61-1-102;
- 26 (b) motorcycle as defined in 61-1-105;
- 27 (c) motor-driven cycle as defined in 61-1-106; and
- 28 (d) quadricycle as defined in 61-1-133.

29 (3) The following vehicles are exempt from the fee:

- 30 (a) vehicles owned or controlled by the United States or a state, county, or city;

- 1 (b) vehicles exempt from payment of registration fees by 61-3-321~~(8)~~(9); and
- 2 (c) vehicles or equipment which is not self-propelled or which requires towing when moved upon
- 3 a highway of this state."

4

5 **NEW SECTION. Section 16. Codification instruction.** (1) [Sections 1 and 2] are intended to be
6 codified as an integral part of Title 2, chapter 15, and the provisions of Title 2, chapter 15, apply to
7 [sections 1 and 2].

8 (2) [Sections 3 through 12] are intended to be codified as an integral part of Title 50, chapter 6,
9 and the provisions of Title 50, chapter 6, apply to [sections 3 through 12].

10

11 **NEW SECTION. Section 17. Effective dates.** (1) [Sections 4(2), 16, and this section] are effective
12 on passage and approval.

13 (2) [Sections 1 through 3, 4(1), (3), and (4), 5 through 10, 12, and 13] are effective October 1,
14 1995.

15 (3) [Sections 14 and 15] are effective January 1, 1996.

16 (4) [Section 11] is effective July 1, 1996.

17

-END-

STATE OF MONTANA - FISCAL NOTE

Fiscal Note for HB0591, as introduced

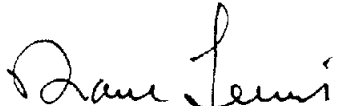
DESCRIPTION OF PROPOSED LEGISLATION:

An act providing for a statewide trauma care system; creating an emergency medical services advisory council and a trauma care committee; requiring the Department of Health and Environmental Sciences (DHES) to create and administer the system; requiring DHES to adopt rules; providing for designation of trauma care facilities; providing for regional trauma care advisory committees; providing for confidentiality of trauma data and quality improvement records; providing for a grant-in-aid program; imposing a fee on certain vehicles; and providing an appropriation.

ASSUMPTIONS:

1. The Executive Budget present law base serves as the starting point from which to calculate any fiscal impact due to this proposed legislation.
2. During calendar year 1994, 813,694 passenger cars, trucks, buses and motor homes were registered in the state of Montana.
3. HB591 implements a new fee of \$.90 on registration of certain vehicles effective January 1, 1996, which increases to \$1.20 on January 1, 1997. Of the fee, beginning January 1, 1996, and throughout the remainder of the biennium, \$.70 is deposited to a grant-in-aid state special revenue account. From January 1, 1996, through December 31, 1996, the remaining \$.20 is deposited in the trauma system implementation state special revenue account. When the fee increases on January 1, 1997, the additional \$.50 is deposited to the trauma system implementation state special revenue account.
4. Fees deposited to the state special revenue fund for the trauma system grant-in aid account would be approximately \$284,793 in FY96 [813,694 vehicles registered annually divided by 1/2 which represents 6 months (January through June 1996) x \$.70 per vehicle registered] and \$569,586 in FY97 [813,694 vehicles registered annually x \$.70 per vehicle registered].
5. Fees deposited to the state special revenue fund for the trauma system implementation account would be approximately \$81,369 in FY96 (813,694 vehicles registered annually divided by 6 months (January through June 1996) x \$.20 per vehicle registered) and \$284,793 in FY97 [813,694 vehicles registered annually divided by 1/2 which represents 6 months (July through December 1996 x \$.20 per vehicle registered plus 813,694 vehicles registered annually divided by 1/2 which represents 6 months (January through June 1997) x \$.50 per vehicle registered].
6. There would be an expenditure of \$4,900 to restructure the motor vehicle computer program, in the Department of Justice Motor (DoJ) Vehicles Division, and expand the total number of fees that the system records, in order to accommodate the new fee.
7. DHES will hire a trauma nurse coordinator and clerical staff beginning on January 1, 1996, for purposes of implementing and coordinating the statewide trauma system. These positions are reflected as 1.00 FTE additional in FY96 and 2.00 FTE in FY97.

(continued)

 3-16-95
DAVE LEWIS, BUDGET DIRECTOR DATE
Office of Budget and Program Planning


WILLIAM WISEMAN, PRIMARY SPONSOR DATE

Fiscal Note for HB0591, as introduced

HB 591

(continued)

FISCAL IMPACT:Expenditures:

	<u>FY96</u>	<u>FY97</u>
	<u>Difference</u>	<u>Difference</u>
FTE	1.00	2.00
Personal Services (DHES)	29,629	59,258
Operating (DHES)	46,840	225,535
Operating (DoJ)	4,900	0
Grants to Locals	<u>284,793</u>	<u>569,586</u>
Total Expenditures	366,162	854,379

Funding:

State Special Revenue (02)	366,162	854,379
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Revenues:

Trauma System Grant-in-Aid (02)	284,793	569,586
Trauma System Implementation (02)	<u>81,369</u>	<u>284,793</u>
Total Revenues	366,162	854,379

EFFECT ON COUNTY OR OTHER LOCAL REVENUES OR EXPENDITURES:

Due to the staggered fee implementation schedule the trauma system implementation account would receive approximately \$406,847 in FY98 (813,694 vehicles registered annually x \$.50 per vehicle) which is an increase of \$122,054 from FY97. A major portion of this money will be used to provide funding assistance to local emergency medical services and facilities to assist them in improving their trauma care systems.

LONG-RANGE EFFECTS OF PROPOSED LEGISLATION:

It is estimated that about 20% of Montana deaths could be prevented through establishment of an organized trauma care system. Using a computer program provided by the National Highway Traffic Safety Administration, the department estimates the total economic costs of fatal automobile crashes in Montana during 1992 was \$141,271,104. (Montana loses an average of 30 years of productivity and taxable earnings every time a person dies from injury. The estimated lifetime cost of each injury death is about \$450,000.) When all automobile crashes are considered, the economic cost of automobile injuries in Montana during one year is estimated at \$262,188,518.

APPROVED BY COM
ON TAXATION

1 HOUSE BILL NO. 591

2 INTRODUCED BY WISEMAN, FRANKLIN, BARNHART, TUSS, HAGENER, WATERMAN, FORBES,

3 CRIPPEN, FOSTER, LYNCH, T. NELSON

4 BY REQUEST OF THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

5
6 A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING FOR A STATEWIDE TRAUMA CARE SYSTEM;
7 CREATING AN EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL AND A TRAUMA CARE
8 COMMITTEE; REQUIRING THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES TO CREATE
9 AND ADMINISTER THE SYSTEM; REQUIRING THE DEPARTMENT TO ADOPT RULES; PROVIDING FOR
10 DESIGNATION OF TRAUMA CARE FACILITIES; PROVIDING FOR REGIONAL TRAUMA CARE ADVISORY
11 COMMITTEES; PROVIDING FOR CONFIDENTIALITY OF TRAUMA DATA AND QUALITY IMPROVEMENT
12 RECORDS; PROVIDING FOR A GRANT-IN-AID PROGRAM; ~~IMPOSING A FEE ON CERTAIN VEHICLES;~~
13 PROVIDING AN APPROPRIATION; AMENDING SECTIONS SECTION 50-6-103, ~~61-3-321, AND 61-3-510,~~
14 MCA; AND PROVIDING EFFECTIVE DATES."

15
16 WHEREAS, the Legislature recognizes that trauma is the leading cause of death and disability for
17 Montanans under 44 years of age and causes the loss of more years of human life than all other causes
18 of death combined; and

19 WHEREAS, the death rate from injury in Montana is higher than the national norm, resulting in an
20 economic loss to the state because of the productive years of life lost and the cost of treatment and
21 rehabilitation; and

22 WHEREAS, organized systems of trauma care have been shown to reduce the number of deaths
23 and disabilities resulting from trauma; and

24 WHEREAS, the people of the State of Montana would benefit from establishment and coordination
25 of a statewide trauma care system.

26
27 STATEMENT OF INTENT

28 A statement of intent is required for this bill because [section 4(2)] requires the department of health
29 and environmental sciences to adopt rules to implement a statewide trauma care system. It is the intent
30 of the legislature that the rules adopted by the department:

- 1 (1) determine trauma regions by existing patient flow patterns;
- 2 (2) specify procedures that ensure due process in the designation and revocation of designation
3 of trauma facilities;
- 4 (3) adopt protocols that will be used to screen and classify trauma patients to ensure that they are
5 sent to the most appropriate treatment facilities and receive the most appropriate treatment;
- 6 (4) adopt standards for the state and hospital trauma registers in order to ensure that data on
7 trauma cases is collected and organized in a manner allowing analysis of the quality of trauma care and the
8 improvement of that care; and
- 9 (5) establish four levels of trauma care facilities, each having a different capacity for trauma
10 treatment:
 - 11 (a) regional centers capable of providing advanced trauma care to a region;
 - 12 (b) area trauma hospitals capable of handling most trauma patients within their ordinary service
13 areas;
 - 14 (c) community trauma hospitals with limited emergency and surgical coverage; and
 - 15 (d) trauma receiving facilities, such as hospitals with no surgical coverage and medical assistance
16 facilities.

17

18 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

19

20 NEW SECTION. **Section 1. Emergency medical services advisory council.** (1) There is an
21 emergency medical services advisory council.

22 (2) The council consists of a minimum of 15 members appointed by the governor, as follows:

23 (a) the presiding officer of the trauma care committee appointed pursuant to [section 2];

24 (b) a member of the American college of emergency physicians, Montana chapter;

25 (c) a member of the Montana committee on trauma of the American college of surgeons;

26 (d) a member of the emergency nurses association;

27 (e) a representative of Montana flight nurses;

28 (f) a representative of Montana firefighting service organizations;

29 (g) a representative of Montana trauma coordinators;

30 (h) a representative of prehospital caregivers;

- 1 (i) a representative of the Montana hospital association;
- 2 (j) a member of the Montana medical association;
- 3 (k) a representative of the Montana nurses association;
- 4 (l) a representative of the Indian health service;
- 5 (m) a member of the Montana state board of medical examiners;
- 6 (n) a member of the Montana emergency medical services association; and
- 7 (o) a representative of consumers of emergency health care services.

8 (3) The governor may not appoint more than 10 additional members.

9 (4) Members are appointed for 4-year terms, except that one-half of the members initially appointed
10 shall serve terms of 2 years. Members serve at the pleasure of the governor. If a vacancy occurs, the
11 governor shall appoint a replacement to fill the unexpired term. A member may be reappointed.

12 (5) The members of the council shall elect a presiding officer who shall serve a 2-year term and
13 may not be reelected.

14 (6) A member of the council may not receive compensation for performing the member's duties
15 but must be reimbursed for expenses.

16 (7) The council is attached to the department of health and environmental sciences for
17 administrative purposes only as provided in 2-15-121.

18 (8) The council has the duties provided in [section 5].

19

20 **NEW SECTION. Section 2. Trauma care committee.** (1) There is a trauma care committee.

21 (2) The committee consists of members appointed by the governor as follows:

22 (a) a member of the Montana committee on trauma of the American college of surgeons, who shall
23 serve as presiding officer of the committee;

24 (b) two members from each regional trauma care advisory committee created pursuant to [section
25 8];

26 (c) a member of the Montana trauma coordinators;

27 (d) a representative of the Montana hospital association;

28 (e) a member of the Montana medical association;

29 (f) a member of the emergency nurses association;

30 (g) an individual who is or who is employed by a Montana private ambulance operator;

1 (h) a member of the Montana emergency medical services association;

2 (i) a nurse or physician representing the Indian health service; and

3 (j) a member of the American college of emergency physicians, Montana chapter.

4 (3) Members must be appointed for 4-year terms, except that seven of the members initially
5 appointed shall serve terms of 2 years. Members serve at the pleasure of the governor. If a vacancy
6 occurs, the governor shall appoint a replacement to fill the unexpired term. A member may be reappointed.

7 (4) A member of the committee may not receive compensation for performing the member’s duties
8 but must be reimbursed for expenses.

9 (5) The committee is attached to the department of health and environmental sciences for
10 administrative purposes only as provided in 2-15-121.

11 (6) The committee has the duties provided in [section 6].

12
13 **NEW SECTION. Section 3. Definitions.** As used in [sections 3 through ~~42~~ 11], unless the context
14 clearly requires otherwise, the following definitions apply:

15 (1) "Department" means the department of health and environmental sciences provided for in Title
16 2, chapter 15, part 21.

17 (2) "Emergency medical service" means an emergency medical service as defined by 50-6-302.

18 (3) "Emergency medical services advisory council" means the emergency medical services advisory
19 council created in [section 1].

20 (4) "Health care facility" or "facility" means a hospital or medical assistance facility as defined in
21 50-5-101.

22 (5) "Hospital trauma register" means patient-specific trauma data that is maintained by a health
23 care facility, in a format prescribed by department rule, and that has the primary purpose of facilitating peer
24 review and quality improvement at the health care facility.

25 (6) "Quality improvement" means the process of defining trauma care system performance
26 standards, collecting data against which the standards may be applied, using the data to determine
27 compliance with the standards, and using the data and compliance information in a nonpunitive manner,
28 including peer review, that will continuously improve performance and facilitate compliance with the
29 standards.

30 (7) "State trauma register" means trauma data relating to a specific patient or health care facility

1 that is maintained by the department in an electronic format and that has the primary purpose of facilitating
2 peer review and quality improvement for a health care facility or a trauma care system.

3 (8) "Trauma" means a severe, abrupt injury to the human body that is caused by mechanical,
4 environmental, thermal, or other physical force.

5 (9) "Trauma care committee" means the trauma care committee created in [section 2].

6 (10) "Trauma care system" means a state or regional system for the prevention of trauma and the
7 provision of optimal medical care to trauma victims that includes both provision of appropriate health care
8 services and provision of emergency medical care, equipment, and personnel for effective and coordinated
9 prehospital, hospital, interhospital, and rehabilitative care for trauma patients.

10 (11) "Trauma facility" means a health care facility designated by the department pursuant to
11 [section 7] as providing a specialized program in trauma care with appropriately trained personnel,
12 equipment, and other facility resources that are specifically organized to provide optimal care to a trauma
13 patient at the facility.

14 (12) "Trauma region" means a geographic area, designated by department rule pursuant to [section
15 4], within which trauma services are coordinated and evaluated through a regional trauma care system.

16

17 **NEW SECTION. Section 4. Department duties -- rules.** (1) The department shall plan, coordinate,
18 implement, and administer a statewide trauma care system that involves all health care facilities and
19 emergency medical services within the state. The department shall also develop and adopt a statewide
20 trauma care system plan and a state trauma register.

21 (2) The department shall adopt rules to:

22 (a) establish and coordinate the statewide trauma care system, including rules that establish:

23 (i) various levels of trauma facilities and the standards each facility is required to meet concerning
24 personnel, equipment, resources, data collection, and organizational capabilities;

25 (ii) procedures for, standards for, and the duration of designation and revocation of designation of
26 a trauma facility, including application procedures, site survey procedures, complaint investigation, and
27 emergency suspension of designation;

28 (iii) operational procedures and criteria for the regional trauma advisory committees;

29 (iv) prehospital emergency medical services triage and treatment protocols for trauma patients;

30 (v) triage and treatment protocols for the transfer of injured persons between health care facilities;

1 (vi) requirements for collection and release of trauma register data;

2 (vii) quality improvement standards for emergency medical services and trauma care facilities; and

3 (viii) the duties, responsibilities, and functions of the emergency medical services advisory council
4 created by [section 1], the trauma care committee created by [section 2], and the regional trauma care
5 advisory committees created pursuant to [section 8];

6 (b) designate trauma regions throughout Montana, taking into consideration geographic distance
7 from available trauma care, transportation modalities available, population location and density, health care
8 facility resources, historical patterns of patient referral, and other considerations relevant to optimum
9 provision of emergency medical care;

10 (c) establish the procedure to be followed by a health care facility to appeal to the department a
11 decision by the department pursuant to [section 7] affecting the facility's designation as a trauma facility;

12 (d) specify the information that must be submitted to the department, including information from
13 health care facilities, for statistical evaluation of the state and regional trauma care systems, planning
14 prevention programs, assessing trauma-related educational priorities, and determining how trauma facilities
15 and emergency medical services may comply with protocols and standards adopted by the department;

16 (e) establish procedures and standards for implementation of the grant-in-aid program required by
17 [section 11], including the level of matching funds that recipients are required to contribute; and

18 (f) establish the electronic format and other standards that a health care facility trauma data system
19 is required to meet in order to qualify as a hospital trauma register.

20 (3) The department shall submit a report to each session of the legislature concerning the
21 effectiveness of the trauma care system established under [sections 3 through ~~42~~ 11].

22 (4) [Sections 3 through ~~42~~ 11] do not restrict any other provisions of law allowing or requiring a
23 health care facility or health care provider to provide health care services.

24
25 **NEW SECTION. Section 5. Duties of emergency medical services advisory council.** The emergency
26 medical services advisory council created by [section 1] shall consider the recommendations of the trauma
27 care committee created by [section 2] and shall provide advice, guidance, and recommendations to the
28 department concerning:

29 (1) emergency medical service issues;

30 (2) the state emergency medical services plan provided for in Title 50, chapter 6, part 1;

1 (3) budget amounts and priorities for state emergency medical service programs; and

2 (4) requests to the department for emergency medical service grants-in-aid submitted pursuant to
3 [section 11].

4
5 **NEW SECTION. Section 6. Duties of trauma care committee.** The trauma care committee provided
6 for in [section 2] shall:

7 (1) provide recommendations and guidance to the department concerning:

8 (a) trauma care, including suggestions for changes to the statewide trauma care system;

9 (b) the implementation of a hospital data collection system; and

10 (c) the design and implementation of a statewide and regional quality improvement system for
11 trauma care that considers the standards recommended by the American college of surgeons and the joint
12 commission on accreditation of healthcare organizations;

13 (2) assist the department in conducting statewide quality improvement and peer review functions
14 by regularly analyzing the effect of the statewide trauma care system on patient care, morbidity, and
15 mortality;

16 (3) provide recommendations to and oversight and coordination of the activities of the regional
17 trauma care advisory committees;

18 (4) provide recommendations to the emergency medical services advisory committee concerning
19 the statewide trauma care system and the integration of trauma care with the emergency medical services
20 delivery system; and

21 (5) review requests for grants-in-aid and make recommendations concerning those requests to the
22 emergency medical services advisory council.

23
24 **NEW SECTION. Section 7. Department designation of trauma facility -- revocation of designation**
25 **-- appeal.** (1) In order to be designated as a trauma facility, a health care facility shall submit to the
26 department an application, on a form specified by the department, that provides the information required
27 by department rule.

28 (2) Upon receipt of a completed application for designation as a trauma facility, the department
29 shall review the application for compliance with standards adopted by the department for designation of
30 trauma care facilities. If the facility meets the standards adopted by the department, the department shall

1 designate the facility as a trauma care facility, specifying the level of trauma care determined by the
2 department to be appropriate for the facility.

3 (3) The department may revoke a designation as a trauma care facility if the facility no longer
4 meets the requirements for designation or otherwise violates a department standard required to maintain
5 designation.

6 (4) The department shall notify the applicant in writing of the department's decision to approve,
7 deny, or revoke a health care facility's designation as a trauma facility.

8 (5) A health care facility that submitted an application pursuant to subsection (1) may appeal a
9 department decision refusing to designate the facility, a decision designating the facility for a different level
10 of trauma care than requested by the facility, or a decision to revoke a designation as a trauma facility.
11 In order to appeal the decision, the health care facility shall submit a written request for a hearing to the
12 department within 30 days after the facility receives notice of the department's decision. The hearing on
13 the appeal must be conducted pursuant to 2-4-604.

14 (6) Unless the appellant agrees to an extension of time, the department shall, within 30 days of
15 its decision in an appeal pursuant to subsection (5), serve the appellant with written findings and
16 conclusions that form the basis for the department's decision.

17

18 **NEW SECTION. Section 8. Regional trauma care advisory committees.** (1) Each trauma facility
19 designated by the department pursuant to [section 7] shall appoint one representative to a regional trauma
20 care advisory committee for the region in which the facility is located.

21 (2) Members of a regional trauma care advisory committee serve 4-year terms, except that one-half
22 of the members initially appointed shall, as determined by lot, serve 2-year terms. If a vacancy occurs, the
23 appointing authority shall appoint a replacement to fill the unexpired term. Members may be reappointed
24 and may be removed for cause by the appointing authority.

25 (3) Members of a regional trauma care advisory committee shall elect a presiding officer who shall
26 serve a term of 2 years.

27 (4) Members of a regional trauma care advisory committee do not receive compensation from the
28 state and may not be reimbursed by the state for their expenses.

29 (5) Regional trauma care advisory committees have the duties provided in [section 9].

30

1 **NEW SECTION. Section 9. Duties of regional trauma care advisory committees.** A regional trauma
2 care advisory committee shall:

3 (1) establish standards, policies, procedures, and protocols for the regional trauma care system;

4 (2) conduct regional trauma care quality improvement, including receipt of reports prepared by the
5 department containing trauma care data and making recommendations to trauma care facilities within the
6 region based upon those reports;

7 (3) advise the trauma care committee concerning the statewide trauma care system;

8 (4) establish trauma education and injury prevention programs;

9 (5) provide advice concerning trauma care to health care facilities and other providers of health
10 care;

11 (6) review requests for grants-in-aid pursuant to [section 11] and make recommendations
12 concerning each regional request to the trauma care committee;

13 (7) perform other duties required by department rule; and

14 (8) conduct other activities needed to ensure optimal delivery of trauma care services within the
15 region.

16
17 **NEW SECTION. Section 10. Confidentiality.** (1) Data in a health care facility's hospital trauma
18 register and reports developed from that data pertaining to quality of trauma care may be given by the
19 facility only to:

20 (a) the facility's peer review committee;

21 (b) the regional trauma care advisory committee of the region in which the facility is located;

22 (c) the trauma care committee; or

23 (d) the department.

24 (2) Data in the state trauma register and hospital trauma registers is not subject to discovery in a
25 civil action and may not be introduced into evidence in a judicial or administrative proceeding.

26 (3) Data and reports concerning peer review, quality improvement, or the quality of the trauma care
27 provided by a health care facility or a health care provider that are produced by a regional trauma care
28 advisory committee or the trauma care committee or provided by a health care facility to a regional trauma
29 care advisory committee or the trauma care committee, as well as the proceedings of those committees
30 concerning peer review and quality improvement, are not subject to discovery in a civil action and may not

1 be introduced into evidence in a judicial or administrative proceeding.

2 (4) A statistical report on trauma and trauma care developed by the department that does not
3 identify specific health care facilities, health care providers, or patients is not confidential and is considered
4 public information.

5 (5) A statistical report developed by a health care facility from information in its hospital trauma
6 register that does not pertain to peer review or quality improvement is not confidential and is considered
7 public information.

8 (6) Information in a department record or report that is used to evaluate and improve the quality
9 of emergency medical service and trauma care by a health care facility or emergency medical service is not
10 subject to discovery and may not be introduced in evidence in a judicial or administrative proceeding.

11 (7) Information in a department record or report that is used to determine whether a health care
12 facility will be designated or lose its designation as a trauma care facility is not confidential and is
13 considered public information.

14 (8) A standard or protocol adopted by the department pursuant to [sections 3 through ~~42~~ 11] may
15 not be used to demonstrate negligence or lack of negligence by a health care provider or health care facility
16 to whom the standard or protocol applies.

17
18 **NEW SECTION. Section 11. Grant-in-aid program.** (1) The department shall establish a
19 grant-in-aid program to assist emergency medical services, trauma facilities, and medical assistance facilities
20 in meeting the needs of the statewide trauma care system and the emergency medical service system. The
21 needs of these systems include the procurement of special equipment and training of personnel. As part
22 of the program, the department shall establish priorities against which all applications for grants-in-aid must
23 be compared.

24 (2) After receiving recommendations from the trauma care committee and the relevant regional
25 trauma care advisory committee, the emergency medical services advisory council shall, in accordance with
26 standards established by department rule, evaluate requests for grants-in-aid. The council shall determine
27 the extent to which the requests fulfill the priorities established by the department pursuant to subsection
28 (1) and shall decide which applicants will receive grants of funds ~~from the trauma system grant-in-aid~~
29 ~~account established in [section 12].~~

30 (3) A recipient of a grant shall contribute matching funds to the project for which the grant was

1 approved, in an amount required by department rule.

2

3 ~~NEW SECTION. Section 12. Trauma system accounts appropriations. (1) There are within the~~
 4 ~~state special revenue fund a trauma system implementation account and a trauma system grant in aid~~
 5 ~~account.~~

6 ~~(2) Fees received by the state treasurer pursuant to 61-3-321(7) must be deposited in the accounts~~
 7 ~~as follows:~~

8 ~~(a) on and after January 1, 1996, 70 cents of each fee must be deposited in the trauma system~~
 9 ~~grant in aid account;~~

10 ~~(b) during calendar year 1996, 20 cents of each fee must be deposited in the trauma system~~
 11 ~~implementation account; and~~

12 ~~(c) on and after January 1, 1997, 50 cents of each fee must be deposited in the trauma system~~
 13 ~~implementation account.~~

14 ~~(3) Money in the trauma system implementation account is subject to appropriation by the~~
 15 ~~legislature to the department for the purpose of the operation of the statewide trauma system, including~~
 16 ~~paying the expenses of the emergency medical services advisory council and the trauma care committee,~~
 17 ~~operating the state trauma register and the evaluation system, operating the prehospital emergency medical~~
 18 ~~services data collection system, providing education and training, providing technical assistance to~~
 19 ~~emergency medical services and trauma facilities, providing trauma prevention public education, and~~
 20 ~~coordinating the statewide trauma system.~~

21 ~~(4) Money in the trauma system grant in aid account is subject to appropriation by the legislature~~
 22 ~~to the department for the purposes of funding the grant in aid program established by [section 11].~~

23

24 **Section 12.** Section 50-6-103, MCA, is amended to read:

25 **"50-6-103. Powers of department.** (1) The department of health and environmental sciences is
 26 authorized to confer and cooperate with ~~any and~~ all other persons, organizations, and governmental
 27 agencies that have an interest in emergency medical services problems and needs.

28 (2) The department is authorized to accept, receive, expend, and administer any and all funds
 29 ~~which that~~ are now available or ~~which that~~ may be donated, granted, or appropriated to the department.

30 (3) The department may, after consultation with the emergency medical services advisory council,

1 the trauma care committee, the Montana committee on trauma of the American college of surgeons, the
 2 Montana hospital association, and the Montana medical association, adopt rules necessary to implement
 3 [sections 3 through 42 11]."

4
 5 ~~Section 14.~~ Section 61-3-321, MCA, is amended to read:

6 ~~"61-3-321. Registration fees of vehicles—public owned vehicles exempt from license or~~
 7 ~~registration fees—disposition of fees. (1) Registration or license fees must be paid upon registration or~~
 8 ~~reregistration of motor vehicles, trailers, housetrailers, and semitrailers, in accordance with this chapter,~~
 9 ~~as follows:~~

10 (a) ~~motor vehicles weighing 2,850 pounds or under (other than motortrucks), \$5;~~

11 (b) ~~motor vehicles weighing over 2,850 pounds (other than motortrucks), \$10;~~

12 (c) ~~electrically driven passenger vehicles, \$10;~~

13 (d) ~~all motorcycles and quadricycles, \$2;~~

14 (e) ~~tractors and/or trucks, \$10;~~

15 (f) ~~buses are classed as motortrucks and licensed accordingly;~~

16 (g) ~~trailers and semitrailers less than 2,500 pounds maximum gross loaded weight and housetrailers~~
 17 ~~of all weights, \$2;~~

18 (h) ~~trailers and semitrailers over 2,500 up to 6,000 pounds maximum gross loaded weight (except~~
 19 ~~housetrailers), \$5;~~

20 (i) ~~trailers and semitrailers over 6,000 pounds maximum gross loaded weight, \$10, except trailers~~
 21 ~~and semitrailers registered in other jurisdictions and registered through a proportional registration~~
 22 ~~agreement;~~

23 (j) ~~trailers used exclusively in the transportation of logs in the forest or in the transportation of oil~~
 24 ~~and gas well machinery, road machinery, or bridge materials, new and secondhand, \$15 annually,~~
 25 ~~regardless of size or capacity.~~

26 (2) ~~All rates are 25% higher for motor vehicles, trailers, and semitrailers not equipped with~~
 27 ~~pneumatic tires.~~

28 (3) ~~"Tractor", as specified in this section, means any motor vehicle, except passenger cars, used~~
 29 ~~for towing a trailer or semitrailer.~~

30 (4) ~~If any motor vehicle, housetrailer, trailer, or semitrailer is originally registered 6 months after~~

1 the time of registration as set by law, the registration or license fee for the remainder of the year is one half
2 of the regular fee.

3 ~~(5) An additional fee of \$5.25 per year for each registration of a vehicle, except trailers and~~
4 ~~semitrailers registered in other jurisdictions and registered through a proportional registration agreement,~~
5 ~~must be collected as a registration fee. Revenue from this fee must be forwarded by the respective county~~
6 ~~treasurers to the state treasurer for deposit in the general fund. The department shall distribute 25 cents~~
7 ~~from the motor vehicle registration fee for payment of supplemental benefits provided for in 19-6-709.~~

8 ~~(6) A fee of \$2 for each set of new number plates must be collected when number plates provided~~
9 ~~for under 61-3-332(3) are issued. Revenue from this fee must be deposited as provided in subsection (5).~~

10 ~~(7) Beginning January 1, 1996, an additional fee must be collected as a fee for the registration of~~
11 ~~each personal passenger vehicle, bus, truck, and motor home. The fee must be forwarded by the~~
12 ~~respective county treasurers to the state treasurer for deposit in the special revenue accounts established~~
13 ~~by [section 12] to fund the statewide emergency medical services and trauma system programs. The fee~~
14 ~~is 80 cents during calendar year 1996 and \$1.20 on and after January 1, 1997.~~

15 ~~(7)(8) The provisions of this part with respect to the payment of registration fees do not apply to~~
16 ~~and are not binding upon motor vehicles, trailers or semitrailers, or tractors owned or controlled by the~~
17 ~~United States of America or any state, county, or city.~~

18 ~~(8)(9) The provisions of this section relating to the payment of registration fees or new number~~
19 ~~plate fees do not apply when number plates are transferred to a replacement vehicle under 61-3-317,~~
20 ~~61-3-332, or 61-3-335."~~

21
22 **Section 15.** Section 61-3-510, MCA, is amended to read:

23 ~~"61-3-510. Weed control fee. (1) A special weed control fee of \$1.50 must be assessed on the~~
24 ~~annual registration or reregistration of each motor vehicle subject to registration. The fee must be collected~~
25 ~~by the county treasurer.~~

26 ~~(2) For purposes of this section, motor vehicle includes:~~

27 ~~(a) motor vehicle as defined in 61-1-102;~~

28 ~~(b) motorcycle as defined in 61-1-105;~~

29 ~~(c) motor driven cycle as defined in 61-1-106; and~~

30 ~~(d) quadricycle as defined in 61-1-133.~~

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4 BY REQUEST OF THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

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18 of death combined; and

19 WHEREAS, the death rate from injury in Montana is higher than the national norm, resulting in an
20 economic loss to the state because of the productive years of life lost and the cost of treatment and
21 rehabilitation; and

22 WHEREAS, organized systems of trauma care have been shown to reduce the number of deaths
23 and disabilities resulting from trauma; and

24 WHEREAS, the people of the State of Montana would benefit from establishment and coordination
25 of a statewide trauma care system.

26
27 STATEMENT OF INTENT

28 A statement of intent is required for this bill because [section 4(2)] requires the department of health
29 and environmental sciences to adopt rules to implement a statewide trauma care system. It is the intent
30 of the legislature that the rules adopted by the department:

- 1 (1) determine trauma regions by existing patient flow patterns;
- 2 (2) specify procedures that ensure due process in the designation and revocation of designation
3 of trauma facilities;
- 4 (3) adopt protocols that will be used to screen and classify trauma patients to ensure that they are
5 sent to the most appropriate treatment facilities and receive the most appropriate treatment;
- 6 (4) adopt standards for the state and hospital trauma registers in order to ensure that data on
7 trauma cases is collected and organized in a manner allowing analysis of the quality of trauma care and the
8 improvement of that care; and
- 9 (5) establish four levels of trauma care facilities, each having a different capacity for trauma
10 treatment:
- 11 (a) regional centers capable of providing advanced trauma care to a region;
- 12 (b) area trauma hospitals capable of handling most trauma patients within their ordinary service
13 areas;
- 14 (c) community trauma hospitals with limited emergency and surgical coverage; and
- 15 (d) trauma receiving facilities, such as hospitals with no surgical coverage and medical assistance
16 facilities.

17

18 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

19

20 **NEW SECTION. Section 1. Emergency medical services advisory council.** (1) There is an
21 emergency medical services advisory council.

22 (2) The council consists of a minimum of 15 members appointed by the governor, as follows:

23 (a) the presiding officer of the trauma care committee appointed pursuant to [section 2];

24 (b) a member of the American college of emergency physicians, Montana chapter;

25 (c) a member of the Montana committee on trauma of the American college of surgeons;

26 (d) a member of the emergency nurses association;

27 (e) a representative of Montana flight nurses;

28 (f) a representative of Montana firefighting service organizations;

29 (g) a representative of Montana trauma coordinators;

30 (h) a representative of prehospital caregivers;

- 1 (i) a representative of the Montana hospital association;
- 2 (j) a member of the Montana medical association;
- 3 (k) a representative of the Montana nurses association;
- 4 (l) a representative of the Indian health service;
- 5 (m) a member of the Montana state board of medical examiners;
- 6 (n) a member of the Montana emergency medical services association; and
- 7 (o) a representative of consumers of emergency health care services.

8 (3) The governor may not appoint more than 10 additional members.

9 (4) Members are appointed for 4-year terms, except that one-half of the members initially appointed
10 shall serve terms of 2 years. Members serve at the pleasure of the governor. If a vacancy occurs, the
11 governor shall appoint a replacement to fill the unexpired term. A member may be reappointed.

12 (5) The members of the council shall elect a presiding officer who shall serve a 2-year term and
13 may not be reelected.

14 (6) A member of the council may not receive compensation for performing the member's duties
15 but must be reimbursed for expenses.

16 (7) The council is attached to the department of health and environmental sciences for
17 administrative purposes only as provided in 2-15-121.

18 (8) The council has the duties provided in [section 5].

19

20 **NEW SECTION. Section 2. Trauma care committee.** (1) There is a trauma care committee.

21 (2) The committee consists of members appointed by the governor as follows:

22 (a) a member of the Montana committee on trauma of the American college of surgeons, who shall
23 serve as presiding officer of the committee;

24 (b) two members from each regional trauma care advisory committee created pursuant to [section
25 8];

26 (c) a member of the Montana trauma coordinators;

27 (d) a representative of the Montana hospital association;

28 (e) a member of the Montana medical association;

29 (f) a member of the emergency nurses association;

30 (g) an individual who is or who is employed by a Montana private ambulance operator;

1 (h) a member of the Montana emergency medical services association;

2 (i) a nurse or physician representing the Indian health service; and

3 (j) a member of the American college of emergency physicians, Montana chapter.

4 (3) Members must be appointed for 4-year terms, except that seven of the members initially
5 appointed shall serve terms of 2 years. Members serve at the pleasure of the governor. If a vacancy
6 occurs, the governor shall appoint a replacement to fill the unexpired term. A member may be reappointed.

7 (4) A member of the committee may not receive compensation for performing the member's duties
8 but must be reimbursed for expenses.

9 (5) The committee is attached to the department of health and environmental sciences for
10 administrative purposes only as provided in 2-15-121.

11 (6) The committee has the duties provided in [section 6].

12

13 **NEW SECTION. Section 3. Definitions.** As used in [sections 3 through ~~12~~ 11 10], unless the
14 context clearly requires otherwise, the following definitions apply:

15 (1) "Department" means the department of health and environmental sciences provided for in Title
16 2, chapter 15, part 21.

17 (2) "Emergency medical service" means an emergency medical service as defined by 50-6-302.

18 (3) "Emergency medical services advisory council" means the emergency medical services advisory
19 council created in [section 1].

20 (4) "Health care facility" or "facility" means a hospital or medical assistance facility as defined in
21 50-5-101.

22 (5) "Hospital trauma register" means patient-specific trauma data that is maintained by a health
23 care facility, in a format prescribed by department rule, and that has the primary purpose of facilitating peer
24 review and quality improvement at the health care facility.

25 (6) "Quality improvement" means the process of defining trauma care system performance
26 standards, collecting data against which the standards may be applied, using the data to determine
27 compliance with the standards, and using the data and compliance information in a nonpunitive manner,
28 including peer review, that will continuously improve performance and facilitate compliance with the
29 standards.

30 (7) "State trauma register" means trauma data relating to a specific patient or health care facility

1 that is maintained by the department in an electronic format and that has the primary purpose of facilitating
2 peer review and quality improvement for a health care facility or a trauma care system.

3 (8) "Trauma" means a severe, abrupt injury to the human body that is caused by mechanical,
4 environmental, thermal, or other physical force.

5 (9) "Trauma care committee" means the trauma care committee created in [section 2].

6 (10) "Trauma care system" means a state or regional system for the prevention of trauma and the
7 provision of optimal medical care to trauma victims that includes both provision of appropriate health care
8 services and provision of emergency medical care, equipment, and personnel for effective and coordinated
9 prehospital, hospital, interhospital, and rehabilitative care for trauma patients.

10 (11) "Trauma facility" means a health care facility designated by the department pursuant to
11 [section 7] as providing a specialized program in trauma care with appropriately trained personnel,
12 equipment, and other facility resources that are specifically organized to provide optimal care to a trauma
13 patient at the facility.

14 (12) "Trauma region" means a geographic area, designated by department rule pursuant to [section
15 4], within which trauma services are coordinated and evaluated through a regional trauma care system.

16
17 **NEW SECTION. Section 4. Department duties -- rules.** (1) The department shall plan, coordinate,
18 implement, and administer a statewide trauma care system that involves all health care facilities and
19 emergency medical services within the state. The department shall also develop and adopt a statewide
20 trauma care system plan and a state trauma register.

21 (2) The department shall adopt rules to:

22 (a) establish and coordinate the statewide trauma care system, including rules that establish:

23 (i) various levels of trauma facilities and the standards each facility is required to meet concerning
24 personnel, equipment, resources, data collection, and organizational capabilities;

25 (ii) procedures for, standards for, and the duration of designation and revocation of designation of
26 a trauma facility, including application procedures, site survey procedures, complaint investigation, and
27 emergency suspension of designation;

28 (iii) operational procedures and criteria for the regional trauma advisory committees;

29 (iv) prehospital emergency medical services triage and treatment protocols for trauma patients;

30 (v) triage and treatment protocols for the transfer of injured persons between health care facilities;

1 (vi) requirements for collection and release of trauma register data;

2 (vii) quality improvement standards for emergency medical services and trauma care facilities; and

3 (viii) the duties, responsibilities, and functions of the emergency medical services advisory council

4 created by [section 1], the trauma care committee created by [section 2], and the regional trauma care
5 advisory committees created pursuant to [section 8];

6 (b) designate trauma regions throughout Montana, taking into consideration geographic distance
7 from available trauma care, transportation modalities available, population location and density, health care
8 facility resources, historical patterns of patient referral, and other considerations relevant to optimum
9 provision of emergency medical care;

10 (c) establish the procedure to be followed by a health care facility to appeal to the department a
11 decision by the department pursuant to [section 7] affecting the facility's designation as a trauma facility;

12 (d) specify the information that must be submitted to the department, including information from
13 health care facilities, for statistical evaluation of the state and regional trauma care systems, planning
14 prevention programs, assessing trauma-related educational priorities, and determining how trauma facilities
15 and emergency medical services may comply with protocols and standards adopted by the department;

16 AND

17 ~~(e) establish procedures and standards for implementation of the grant-in-aid program required by~~
18 ~~[section 11], including the level of matching funds that recipients are required to contribute; and~~

19 ~~(f)(E)~~ establish the electronic format and other standards that a health care facility trauma data
20 system is required to meet in order to qualify as a hospital trauma register.

21 (3) The department shall submit a report to each session of the legislature concerning the
22 effectiveness of the trauma care system established under [sections 3 through ~~42 11~~ 10].

23 (4) [Sections 3 through ~~42 11~~ 10] do not restrict any other provisions of law allowing or requiring
24 a health care facility or health care provider to provide health care services.

25
26 **NEW SECTION. Section 5. Duties of emergency medical services advisory council.** The emergency
27 medical services advisory council created by [section 1] shall consider the recommendations of the trauma
28 care committee created by [section 2] and shall provide advice, guidance, and recommendations to the
29 department concerning:

30 (1) emergency medical service issues;

1 (2) the state emergency medical services plan provided for in Title 50, chapter 6, part 1; AND
 2 (3) budget amounts and priorities for state emergency medical service programs; ~~and~~
 3 ~~(4) requests to the department for emergency medical service grants in aid submitted pursuant to~~
 4 ~~{section 11}~~.

5
 6 **NEW SECTION. Section 6. Duties of trauma care committee.** The trauma care committee provided
 7 for in [section 2] shall:

8 (1) provide recommendations and guidance to the department concerning:

9 (a) trauma care, including suggestions for changes to the statewide trauma care system;

10 (b) the implementation of a hospital data collection system; and

11 (c) the design and implementation of a statewide and regional quality improvement system for
 12 trauma care that considers the standards recommended by the American college of surgeons and the joint
 13 commission on accreditation of healthcare organizations;

14 (2) assist the department in conducting statewide quality improvement and peer review functions
 15 by regularly analyzing the effect of the statewide trauma care system on patient care, morbidity, and
 16 mortality;

17 (3) provide recommendations to and oversight and coordination of the activities of the regional
 18 trauma care advisory committees; AND

19 (4) provide recommendations to the emergency medical services advisory committee concerning
 20 the statewide trauma care system and the integration of trauma care with the emergency medical services
 21 delivery system; ~~and~~

22 ~~(5) review requests for grants in aid and make recommendations concerning those requests to the~~
 23 ~~emergency medical services advisory council.~~

24
 25 **NEW SECTION. Section 7. Department designation of trauma facility -- revocation of designation**
 26 **-- appeal.** (1) In order to be designated as a trauma facility, a health care facility shall submit to the
 27 department an application, on a form specified by the department, that provides the information required
 28 by department rule.

29 (2) Upon receipt of a completed application for designation as a trauma facility, the department
 30 shall review the application for compliance with standards adopted by the department for designation of

1 trauma care facilities. If the facility meets the standards adopted by the department, the department shall
2 designate the facility as a trauma care facility, specifying the level of trauma care determined by the
3 department to be appropriate for the facility.

4 (3) The department may revoke a designation as a trauma care facility if the facility no longer
5 meets the requirements for designation or otherwise violates a department standard required to maintain
6 designation.

7 (4) The department shall notify the applicant in writing of the department's decision to approve,
8 deny, or revoke a health care facility's designation as a trauma facility.

9 (5) A health care facility that submitted an application pursuant to subsection (1) may appeal a
10 department decision refusing to designate the facility, a decision designating the facility for a different level
11 of trauma care than requested by the facility, or a decision to revoke a designation as a trauma facility.
12 In order to appeal the decision, the health care facility shall submit a written request for a hearing to the
13 department within 30 days after the facility receives notice of the department's decision. The hearing on
14 the appeal must be conducted pursuant to 2-4-604.

15 (6) Unless the appellant agrees to an extension of time, the department shall, within 30 days of
16 its decision in an appeal pursuant to subsection (5), serve the appellant with written findings and
17 conclusions that form the basis for the department's decision.

18
19 **NEW SECTION. Section 8. Regional trauma care advisory committees.** (1) Each trauma facility
20 designated by the department pursuant to [section 7] shall appoint one representative to a regional trauma
21 care advisory committee for the region in which the facility is located.

22 (2) Members of a regional trauma care advisory committee serve 4-year terms, except that one-half
23 of the members initially appointed shall, as determined by lot, serve 2-year terms. If a vacancy occurs, the
24 appointing authority shall appoint a replacement to fill the unexpired term. Members may be reappointed
25 and may be removed for cause by the appointing authority.

26 (3) Members of a regional trauma care advisory committee shall elect a presiding officer who shall
27 serve a term of 2 years.

28 (4) Members of a regional trauma care advisory committee do not receive compensation from the
29 state and may not be reimbursed by the state for their expenses.

30 (5) Regional trauma care advisory committees have the duties provided in [section 9].

1 **NEW SECTION. Section 9. Duties of regional trauma care advisory committees.** A regional trauma
2 care advisory committee shall:

3 (1) establish standards, policies, procedures, and protocols for the regional trauma care system;

4 (2) conduct regional trauma care quality improvement, including receipt of reports prepared by the
5 department containing trauma care data and making recommendations to trauma care facilities within the
6 region based upon those reports;

7 (3) advise the trauma care committee concerning the statewide trauma care system;

8 (4) establish trauma education and injury prevention programs;

9 (5) provide advice concerning trauma care to health care facilities and other providers of health
10 care;

11 ~~(6) review requests for grants in aid pursuant to [section 11] and make recommendations~~
12 ~~concerning each regional request to the trauma care committee;~~

13 ~~(7)~~(6) perform other duties required by department rule; and

14 ~~(8)~~(7) conduct other activities needed to ensure optimal delivery of trauma care services within the
15 region.

16

17 **NEW SECTION. Section 10. Confidentiality.** (1) Data in a health care facility's hospital trauma
18 register and reports developed from that data pertaining to quality of trauma care may be given by the
19 facility only to:

20 (a) the facility's peer review committee;

21 (b) the regional trauma care advisory committee of the region in which the facility is located;

22 (c) the trauma care committee; or

23 (d) the department.

24 (2) Data in the state trauma register and hospital trauma registers is not subject to discovery in a
25 civil action and may not be introduced into evidence in a judicial or administrative proceeding.

26 (3) Data and reports concerning peer review, quality improvement, or the quality of the trauma care
27 provided by a health care facility or a health care provider that are produced by a regional trauma care
28 advisory committee or the trauma care committee or provided by a health care facility to a regional trauma
29 care advisory committee or the trauma care committee, as well as the proceedings of those committees
30 concerning peer review and quality improvement, are not subject to discovery in a civil action and may not

1 be introduced into evidence in a judicial or administrative proceeding.

2 (4) A statistical report on trauma and trauma care developed by the department that does not
3 identify specific health care facilities, health care providers, or patients is not confidential and is considered
4 public information.

5 (5) A statistical report developed by a health care facility from information in its hospital trauma
6 register that does not pertain to peer review or quality improvement is not confidential and is considered
7 public information.

8 (6) Information in a department record or report that is used to evaluate and improve the quality
9 of emergency medical service and trauma care by a health care facility or emergency medical service is not
10 subject to discovery and may not be introduced in evidence in a judicial or administrative proceeding.

11 (7) Information in a department record or report that is used to determine whether a health care
12 facility will be designated or lose its designation as a trauma care facility is not confidential and is
13 considered public information.

14 (8) A standard or protocol adopted by the department pursuant to [sections 3 through ~~12~~ 11 ~~10~~]
15 may not be used to demonstrate negligence or lack of negligence by a health care provider or health care
16 facility to whom the standard or protocol applies.

17
18 ~~NEW SECTION. Section 11. Grant in aid program. (1) The department shall establish a~~
19 ~~grant in aid program to assist emergency medical services, trauma facilities, and medical assistance facilities~~
20 ~~in meeting the needs of the statewide trauma care system and the emergency medical service system. The~~
21 ~~needs of these systems include the procurement of special equipment and training of personnel. As part~~
22 ~~of the program, the department shall establish priorities against which all applications for grants in aid must~~
23 ~~be compared.~~

24 ~~(2) After receiving recommendations from the trauma care committee and the relevant regional~~
25 ~~trauma care advisory committee, the emergency medical services advisory council shall, in accordance with~~
26 ~~standards established by department rule, evaluate requests for grants in aid. The council shall determine~~
27 ~~the extent to which the requests fulfill the priorities established by the department pursuant to subsection~~
28 ~~(1) and shall decide which applicants will receive grants of funds from the trauma system grant in aid~~
29 ~~account established in [section 12].~~

30 ~~(3) A recipient of a grant shall contribute matching funds to the project for which the grant was~~

1 approved, in an amount required by department rule.

2
3 ~~NEW SECTION. Section 12. Trauma system accounts appropriations. (1) There are within the~~
4 ~~state special revenue fund a trauma system implementation account and a trauma system grant in aid~~
5 ~~account.~~

6 ~~(2) Fees received by the state treasurer pursuant to 61-3-321(7) must be deposited in the accounts~~
7 ~~as follows:~~

8 ~~(a) on and after January 1, 1996, 70 cents of each fee must be deposited in the trauma system~~
9 ~~grant in aid account;~~

10 ~~(b) during calendar year 1996, 20 cents of each fee must be deposited in the trauma system~~
11 ~~implementation account; and~~

12 ~~(c) on and after January 1, 1997, 50 cents of each fee must be deposited in the trauma system~~
13 ~~implementation account.~~

14 ~~(3) Money in the trauma system implementation account is subject to appropriation by the~~
15 ~~legislature to the department for the purpose of the operation of the statewide trauma system, including~~
16 ~~paying the expenses of the emergency medical services advisory council and the trauma care committee,~~
17 ~~operating the state trauma register and the evaluation system, operating the prehospital emergency medical~~
18 ~~services data collection system, providing education and training, providing technical assistance to~~
19 ~~emergency medical services and trauma facilities, providing trauma prevention public education, and~~
20 ~~coordinating the statewide trauma system.~~

21 ~~(4) Money in the trauma system grant in aid account is subject to appropriation by the legislature~~
22 ~~to the department for the purposes of funding the grant in aid program established by [section 11].~~

23
24 **Section 11.** Section 50-6-103, MCA, is amended to read:

25 **"50-6-103. Powers of department.** (1) The department of health and environmental sciences is
26 authorized to confer and cooperate with ~~any and~~ all other persons, organizations, and governmental
27 agencies that have an interest in emergency medical services problems and needs.

28 (2) The department is authorized to accept, receive, expend, and administer any and all funds
29 ~~which~~ that are now available or ~~which~~ that may be donated, granted, or appropriated to the department.

30 (3) The department may, after consultation with the emergency medical services advisory council,

1 the trauma care committee, the Montana committee on trauma of the American college of surgeons, the
 2 Montana hospital association, and the Montana medical association, adopt rules necessary to implement
 3 [sections 3 through 42 44 10]."

4
 5 **Section 14.** Section ~~61 3 321~~, MCA, is amended to read:

6 ~~"61 3 321. Registration fees of vehicles — public-owned vehicles exempt from license or~~
 7 ~~registration fees — disposition of fees. (1) Registration or license fees must be paid upon registration or~~
 8 ~~reregistration of motor vehicles, trailers, housetrailers, and semitrailers, in accordance with this chapter,~~
 9 ~~as follows:~~

- 10 (a) ~~motor vehicles weighing 2,850 pounds or under (other than motortrucks), \$5;~~
- 11 (b) ~~motor vehicles weighing over 2,850 pounds (other than motortrucks), \$10;~~
- 12 (c) ~~electrically driven passenger vehicles, \$10;~~
- 13 (d) ~~all motorcycles and quadricycles, \$2;~~
- 14 (e) ~~tractors and/or trucks, \$10;~~
- 15 (f) ~~buses are classed as motortrucks and licensed accordingly;~~
- 16 (g) ~~trailers and semitrailers less than 2,500 pounds maximum gross loaded weight and housetrailers~~
 17 ~~of all weights, \$2;~~
- 18 (h) ~~trailers and semitrailers over 2,500 up to 6,000 pounds maximum gross loaded weight (except~~
 19 ~~housetrailers), \$5;~~
- 20 (i) ~~trailers and semitrailers over 6,000 pounds maximum gross loaded weight, \$10, except trailers~~
 21 ~~and semitrailers registered in other jurisdictions and registered through a proportional registration~~
 22 ~~agreement;~~
- 23 (j) ~~trailers used exclusively in the transportation of logs in the forest or in the transportation of oil~~
 24 ~~and gas well machinery, road machinery, or bridge materials, new and secondhand, \$15 annually,~~
 25 ~~regardless of size or capacity.~~
- 26 (2) ~~All rates are 25% higher for motor vehicles, trailers, and semitrailers not equipped with~~
 27 ~~pneumatic tires.~~
- 28 (3) ~~"Tractor", as specified in this section, means any motor vehicle, except passenger cars, used~~
 29 ~~for towing a trailer or semitrailer.~~
- 30 (4) ~~If any motor vehicle, housetrailer, trailer, or semitrailer is originally registered 6 months after~~

1 the time of registration as set by law, the registration or license fee for the remainder of the year is one-half
2 of the regular fee.

3 ~~(5) An additional fee of \$5.25 per year for each registration of a vehicle, except trailers and~~
4 ~~semitrailers registered in other jurisdictions and registered through a proportional registration agreement,~~
5 ~~must be collected as a registration fee. Revenue from this fee must be forwarded by the respective county~~
6 ~~treasurers to the state treasurer for deposit in the general fund. The department shall distribute 25 cents~~
7 ~~from the motor vehicle registration fee for payment of supplemental benefits provided for in 19-6-709.~~

8 ~~(6) A fee of \$2 for each set of new number plates must be collected when number plates provided~~
9 ~~for under 61-3-332(3) are issued. Revenue from this fee must be deposited as provided in subsection (5).~~

10 ~~(7) Beginning January 1, 1996, an additional fee must be collected as a fee for the registration of~~
11 ~~each personal passenger vehicle, bus, truck, and motor home. The fee must be forwarded by the~~
12 ~~respective county treasurers to the state treasurer for deposit in the special revenue accounts established~~
13 ~~by [section 12] to fund the statewide emergency medical services and trauma system programs. The fee~~
14 ~~is 90 cents during calendar year 1996 and \$1.20 on and after January 1, 1997.~~

15 ~~(7)(8) The provisions of this part with respect to the payment of registration fees do not apply to~~
16 ~~and are not binding upon motor vehicles, trailers or semitrailers, or tractors owned or controlled by the~~
17 ~~United States of America or any state, county, or city.~~

18 ~~(8)(9) The provisions of this section relating to the payment of registration fees or new number~~
19 ~~plate fees do not apply when number plates are transferred to a replacement vehicle under 61-3-317,~~
20 ~~61-3-332, or 61-3-335."~~

21
22 **Section 15.** Section 61-3-510, MCA, is amended to read:

23 ~~"61-3-510. Weed control fee. (1) A special weed control fee of \$1.50 must be assessed on the~~
24 ~~annual registration or reregistration of each motor vehicle subject to registration. The fee must be collected~~
25 ~~by the county treasurer.~~

26 ~~(2) For purposes of this section, motor vehicle includes:~~

27 ~~(a) motor vehicle as defined in 61-1-102;~~

28 ~~(b) motorcycle as defined in 61-1-105;~~

29 ~~(c) motor driven cycle as defined in 61-1-106; and~~

30 ~~(d) quadricycle as defined in 61-1-133.~~

1 ~~(3) The following vehicles are exempt from the fee:~~

2 ~~(a) vehicles owned or controlled by the United States or a state, county, or city;~~

3 ~~(b) vehicles exempt from payment of registration fees by 61-3-321(8)(9); and~~

4 ~~(c) vehicles or equipment which is not self-propelled or which requires towing when moved upon~~
 5 ~~a highway of this state."~~

6
 7 ~~NEW SECTION. SECTION 13. APPROPRIATION. THERE IS APPROPRIATED TO THE~~
 8 ~~DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES FROM THE GENERAL FUND \$366,162 FOR~~
 9 ~~THE FISCAL YEAR ENDING JUNE 30, 1996, AND \$854,379 FOR THE FISCAL YEAR ENDING JUNE 30,~~
 10 ~~1997, TO IMPLEMENT [SECTIONS 1 THROUGH 11].~~

11
 12 NEW SECTION. Section 12. Codification instruction. (1) [Sections 1 and 2] are intended to be
 13 codified as an integral part of Title 2, chapter 15, and the provisions of Title 2, chapter 15, apply to
 14 [sections 1 and 2].

15 (2) [Sections 3 through ~~42 44 10~~] are intended to be codified as an integral part of Title 50,
 16 chapter 6, and the provisions of Title 50, chapter 6, apply to [sections 3 through ~~42 44 10~~].

17
 18 NEW SECTION. Section 13. Effective dates. (1) [Sections 4(2), ~~46 44 12~~, and this section] are
 19 effective on passage and approval.

20 (2) [Sections 1 through 3, 4(1), (3), and (4), 5 through ~~10, AND 12, and 13 11~~] are effective
 21 October 1, 1995.

22 ~~(3) [Sections 14 and 15] are effective January 1, 1996.~~

23 ~~(4)(3) [Section 11] is effective July 1, 1996.~~

24 -END-

SENATE STANDING COMMITTEE REPORT

Page 1 of 1
April 6, 1995

MR. PRESIDENT:

We, your committee on Taxation having had under consideration HB 591 (third reading copy -- blue), respectfully report that HB 591 be amended as follows and as so amended be concurred in.

Signed: *Sen. Devlin*
Senator Gerry Devlin, Chair

That such amendments read:

1. Page 9, line 22.
Strike: "or"
Insert: "and"
2. Page 10, lines 14 through 16.
Strike: subsection (8) in its entirety

-END-

HB 591

PW
GA

Amd. Coord.
Sec. of Senate

Sen. Foster
Senator Carrying Bill

SENATE
790948SC.SPV

SENATE COMMITTEE OF THE WHOLE AMENDMENT

April 12, 1995 2:36 pm

Mr. Chairman: I move to amend HB 591 (reference copy as amended - salmon).

ADOPT 33-15

REJECT

Signed: Mike Foster

Senator Foster

That such amendments read:

1. Page 9, line 22.

Strike: "AND"


Insert: "or"

2. Page 10, line 17.

Following: line 16

Insert: "(8) A standard or protocol adopted by the department pursuant to [sections 3 through 10] may not be used to demonstrate negligence or lack of negligence by a health care provider or health care facility to whom the standard or protocol applies."

-END-

 Amd. Coord.

HB 591

SENATE

841435CW.SPV

1 HOUSE BILL NO. 591

2 INTRODUCED BY WISEMAN, FRANKLIN, BARNHART, TUSS, HAGENER, WATERMAN, FORBES,

3 CRIPPEN, FOSTER, LYNCH, T. NELSON

4 BY REQUEST OF THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

5
 6 A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING FOR A STATEWIDE TRAUMA CARE SYSTEM;
 7 CREATING AN EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL AND A TRAUMA CARE
 8 COMMITTEE; REQUIRING THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES TO CREATE
 9 AND ADMINISTER THE SYSTEM; REQUIRING THE DEPARTMENT TO ADOPT RULES; PROVIDING FOR
 10 DESIGNATION OF TRAUMA CARE FACILITIES; PROVIDING FOR REGIONAL TRAUMA CARE ADVISORY
 11 COMMITTEES; PROVIDING FOR CONFIDENTIALITY OF TRAUMA DATA AND QUALITY IMPROVEMENT
 12 RECORDS; ~~PROVIDING FOR A GRANT-IN-AID PROGRAM; IMPOSING A FEE ON CERTAIN VEHICLES;~~
 13 ~~PROVIDING AN APPROPRIATION;~~ AMENDING SECTIONS SECTION 50-6-103, ~~61-3-321,~~ AND ~~61-3-510,~~
 14 MCA; AND PROVIDING EFFECTIVE DATES."
 15

16 WHEREAS, the Legislature recognizes that trauma is the leading cause of death and disability for
 17 Montanans under 44 years of age and causes the loss of more years of human life than all other causes
 18 of death combined; and

19 WHEREAS, the death rate from injury in Montana is higher than the national norm, resulting in an
 20 economic loss to the state because of the productive years of life lost and the cost of treatment and
 21 rehabilitation; and

22 WHEREAS, organized systems of trauma care have been shown to reduce the number of deaths
 23 and disabilities resulting from trauma; and

24 WHEREAS, the people of the State of Montana would benefit from establishment and coordination
 25 of a statewide trauma care system.
 26

27 STATEMENT OF INTENT

28 A statement of intent is required for this bill because [section 4(2)] requires the department of health
 29 and environmental sciences to adopt rules to implement a statewide trauma care system. It is the intent
 30 of the legislature that the rules adopted by the department:

- 1 (1) determine trauma regions by existing patient flow patterns;
- 2 (2) specify procedures that ensure due process in the designation and revocation of designation
- 3 of trauma facilities;
- 4 (3) adopt protocols that will be used to screen and classify trauma patients to ensure that they are
- 5 sent to the most appropriate treatment facilities and receive the most appropriate treatment;
- 6 (4) adopt standards for the state and hospital trauma registers in order to ensure that data on
- 7 trauma cases is collected and organized in a manner allowing analysis of the quality of trauma care and the
- 8 improvement of that care; and
- 9 (5) establish four levels of trauma care facilities, each having a different capacity for trauma
- 10 treatment:
- 11 (a) regional centers capable of providing advanced trauma care to a region;
- 12 (b) area trauma hospitals capable of handling most trauma patients within their ordinary service
- 13 areas;
- 14 (c) community trauma hospitals with limited emergency and surgical coverage; and
- 15 (d) trauma receiving facilities, such as hospitals with no surgical coverage and medical assistance
- 16 facilities.

17

18 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

19

20 NEW SECTION. **Section 1. Emergency medical services advisory council.** (1) There is an
21 emergency medical services advisory council.

22 (2) The council consists of a minimum of 15 members appointed by the governor, as follows:

- 23 (a) the presiding officer of the trauma care committee appointed pursuant to [section 2];
- 24 (b) a member of the American college of emergency physicians, Montana chapter;
- 25 (c) a member of the Montana committee on trauma of the American college of surgeons;
- 26 (d) a member of the emergency nurses association;
- 27 (e) a representative of Montana flight nurses;
- 28 (f) a representative of Montana firefighting service organizations;
- 29 (g) a representative of Montana trauma coordinators;
- 30 (h) a representative of prehospital caregivers;

- 1 (i) a representative of the Montana hospital association;
- 2 (j) a member of the Montana medical association;
- 3 (k) a representative of the Montana nurses association;
- 4 (l) a representative of the Indian health service;
- 5 (m) a member of the Montana state board of medical examiners;
- 6 (n) a member of the Montana emergency medical services association; and
- 7 (o) a representative of consumers of emergency health care services.
- 8 (3) The governor may not appoint more than 10 additional members.
- 9 (4) Members are appointed for 4-year terms, except that one-half of the members initially appointed
- 10 shall serve terms of 2 years. Members serve at the pleasure of the governor. If a vacancy occurs, the
- 11 governor shall appoint a replacement to fill the unexpired term. A member may be reappointed.
- 12 (5) The members of the council shall elect a presiding officer who shall serve a 2-year term and
- 13 may not be reelected.
- 14 (6) A member of the council may not receive compensation for performing the member's duties
- 15 but must be reimbursed for expenses.
- 16 (7) The council is attached to the department of health and environmental sciences for
- 17 administrative purposes only as provided in 2-15-121.
- 18 (8) The council has the duties provided in [section 5].
- 19
- 20 **NEW SECTION. Section 2. Trauma care committee.** (1) There is a trauma care committee.
- 21 (2) The committee consists of members appointed by the governor as follows:
- 22 (a) a member of the Montana committee on trauma of the American college of surgeons, who shall
- 23 serve as presiding officer of the committee;
- 24 (b) two members from each regional trauma care advisory committee created pursuant to [section
- 25 8];
- 26 (c) a member of the Montana trauma coordinators;
- 27 (d) a representative of the Montana hospital association;
- 28 (e) a member of the Montana medical association;
- 29 (f) a member of the emergency nurses association;
- 30 (g) an individual who is or who is employed by a Montana private ambulance operator;

1 (h) a member of the Montana emergency medical services association;

2 (i) a nurse or physician representing the Indian health service; and

3 (j) a member of the American college of emergency physicians, Montana chapter.

4 (3) Members must be appointed for 4-year terms, except that seven of the members initially
5 appointed shall serve terms of 2 years. Members serve at the pleasure of the governor. If a vacancy
6 occurs, the governor shall appoint a replacement to fill the unexpired term. A member may be reappointed.

7 (4) A member of the committee may not receive compensation for performing the member's duties
8 but must be reimbursed for expenses.

9 (5) The committee is attached to the department of health and environmental sciences for
10 administrative purposes only as provided in 2-15-121.

11 (6) The committee has the duties provided in [section 6].

12
13 **NEW SECTION. Section 3. Definitions.** As used in [sections 3 through ~~42~~ 41 10], unless the
14 context clearly requires otherwise, the following definitions apply:

15 (1) "Department" means the department of health and environmental sciences provided for in Title
16 2, chapter 15, part 21.

17 (2) "Emergency medical service" means an emergency medical service as defined by 50-6-302.

18 (3) "Emergency medical services advisory council" means the emergency medical services advisory
19 council created in [section 1].

20 (4) "Health care facility" or "facility" means a hospital or medical assistance facility as defined in
21 50-5-101.

22 (5) "Hospital trauma register" means patient-specific trauma data that is maintained by a health
23 care facility, in a format prescribed by department rule, and that has the primary purpose of facilitating peer
24 review and quality improvement at the health care facility.

25 (6) "Quality improvement" means the process of defining trauma care system performance
26 standards, collecting data against which the standards may be applied, using the data to determine
27 compliance with the standards, and using the data and compliance information in a nonpunitive manner,
28 including peer review, that will continuously improve performance and facilitate compliance with the
29 standards.

30 (7) "State trauma register" means trauma data relating to a specific patient or health care facility

1 that is maintained by the department in an electronic format and that has the primary purpose of facilitating
2 peer review and quality improvement for a health care facility or a trauma care system.

3 (8) "Trauma" means a severe, abrupt injury to the human body that is caused by mechanical,
4 environmental, thermal, or other physical force.

5 (9) "Trauma care committee" means the trauma care committee created in [section 2].

6 (10) "Trauma care system" means a state or regional system for the prevention of trauma and the
7 provision of optimal medical care to trauma victims that includes both provision of appropriate health care
8 services and provision of emergency medical care, equipment, and personnel for effective and coordinated
9 prehospital, hospital, interhospital, and rehabilitative care for trauma patients.

10 (11) "Trauma facility" means a health care facility designated by the department pursuant to
11 [section 7] as providing a specialized program in trauma care with appropriately trained personnel,
12 equipment, and other facility resources that are specifically organized to provide optimal care to a trauma
13 patient at the facility.

14 (12) "Trauma region" means a geographic area, designated by department rule pursuant to [section
15 4], within which trauma services are coordinated and evaluated through a regional trauma care system.

16

17 **NEW SECTION. Section 4. Department duties -- rules.** (1) The department shall plan, coordinate,
18 implement, and administer a statewide trauma care system that involves all health care facilities and
19 emergency medical services within the state. The department shall also develop and adopt a statewide
20 trauma care system plan and a state trauma register.

21 (2) The department shall adopt rules to:

22 (a) establish and coordinate the statewide trauma care system, including rules that establish:

23 (i) various levels of trauma facilities and the standards each facility is required to meet concerning
24 personnel, equipment, resources, data collection, and organizational capabilities;

25 (ii) procedures for, standards for, and the duration of designation and revocation of designation of
26 a trauma facility, including application procedures, site survey procedures, complaint investigation, and
27 emergency suspension of designation;

28 (iii) operational procedures and criteria for the regional trauma advisory committees;

29 (iv) prehospital emergency medical services triage and treatment protocols for trauma patients;

30 (v) triage and treatment protocols for the transfer of injured persons between health care facilities;

1 (vi) requirements for collection and release of trauma register data;
 2 (vii) quality improvement standards for emergency medical services and trauma care facilities; and
 3 (viii) the duties, responsibilities, and functions of the emergency medical services advisory council
 4 created by [section 1], the trauma care committee created by [section 2], and the regional trauma care
 5 advisory committees created pursuant to [section 8];

6 (b) designate trauma regions throughout Montana, taking into consideration geographic distance
 7 from available trauma care, transportation modalities available, population location and density, health care
 8 facility resources, historical patterns of patient referral, and other considerations relevant to optimum
 9 provision of emergency medical care;

10 (c) establish the procedure to be followed by a health care facility to appeal to the department a
 11 decision by the department pursuant to [section 7] affecting the facility's designation as a trauma facility;

12 (d) specify the information that must be submitted to the department, including information from
 13 health care facilities, for statistical evaluation of the state and regional trauma care systems, planning
 14 prevention programs, assessing trauma-related educational priorities, and determining how trauma facilities
 15 and emergency medical services may comply with protocols and standards adopted by the department;

16 AND

17 ~~(e) establish procedures and standards for implementation of the grant-in-aid program required by~~
 18 ~~[section 11], including the level of matching funds that recipients are required to contribute; and~~

19 ~~(f)(E)~~ establish the electronic format and other standards that a health care facility trauma data
 20 system is required to meet in order to qualify as a hospital trauma register.

21 (3) The department shall submit a report to each session of the legislature concerning the
 22 effectiveness of the trauma care system established under [sections 3 through ~~42 41 10~~].

23 (4) [Sections 3 through ~~42 41 10~~] do not restrict any other provisions of law allowing or requiring
 24 a health care facility or health care provider to provide health care services.

25
 26 NEW SECTION. Section 5. Duties of emergency medical services advisory council. The emergency
 27 medical services advisory council created by [section 1] shall consider the recommendations of the trauma
 28 care committee created by [section 2] and shall provide advice, guidance, and recommendations to the
 29 department concerning:

30 (1) emergency medical service issues;

1 (2) the state emergency medical services plan provided for in Title 50, chapter 6, part 1; AND
 2 (3) budget amounts and priorities for state emergency medical service programs; ~~and~~
 3 ~~(4) requests to the department for emergency medical service grants in aid submitted pursuant to~~
 4 ~~[section 11].~~

5
 6 **NEW SECTION. Section 6. Duties of trauma care committee.** The trauma care committee provided
 7 for in [section 2] shall:

8 (1) provide recommendations and guidance to the department concerning:
 9 (a) trauma care, including suggestions for changes to the statewide trauma care system;
 10 (b) the implementation of a hospital data collection system; and
 11 (c) the design and implementation of a statewide and regional quality improvement system for
 12 trauma care that considers the standards recommended by the American college of surgeons and the joint
 13 commission on accreditation of healthcare organizations;

14 (2) assist the department in conducting statewide quality improvement and peer review functions
 15 by regularly analyzing the effect of the statewide trauma care system on patient care, morbidity, and
 16 mortality;

17 (3) provide recommendations to and oversight and coordination of the activities of the regional
 18 trauma care advisory committees; AND

19 (4) provide recommendations to the emergency medical services advisory committee concerning
 20 the statewide trauma care system and the integration of trauma care with the emergency medical services
 21 delivery system; ~~and~~

22 ~~(5) review requests for grants in aid and make recommendations concerning these requests to the~~
 23 ~~emergency medical services advisory council.~~

24
 25 **NEW SECTION. Section 7. Department designation of trauma facility -- revocation of designation**
 26 **-- appeal.** (1) In order to be designated as a trauma facility, a health care facility shall submit to the
 27 department an application, on a form specified by the department, that provides the information required
 28 by department rule.

29 (2) Upon receipt of a completed application for designation as a trauma facility, the department
 30 shall review the application for compliance with standards adopted by the department for designation of

1 trauma care facilities. If the facility meets the standards adopted by the department, the department shall
2 designate the facility as a trauma care facility, specifying the level of trauma care determined by the
3 department to be appropriate for the facility.

4 (3) The department may revoke a designation as a trauma care facility if the facility no longer
5 meets the requirements for designation or otherwise violates a department standard required to maintain
6 designation.

7 (4) The department shall notify the applicant in writing of the department's decision to approve,
8 deny, or revoke a health care facility's designation as a trauma facility.

9 (5) A health care facility that submitted an application pursuant to subsection (1) may appeal a
10 department decision refusing to designate the facility, a decision designating the facility for a different level
11 of trauma care than requested by the facility, or a decision to revoke a designation as a trauma facility.
12 In order to appeal the decision, the health care facility shall submit a written request for a hearing to the
13 department within 30 days after the facility receives notice of the department's decision. The hearing on
14 the appeal must be conducted pursuant to 2-4-604.

15 (6) Unless the appellant agrees to an extension of time, the department shall, within 30 days of
16 its decision in an appeal pursuant to subsection (5), serve the appellant with written findings and
17 conclusions that form the basis for the department's decision.

18

19 **NEW SECTION. Section 8. Regional trauma care advisory committees.** (1) Each trauma facility
20 designated by the department pursuant to [section 7] shall appoint one representative to a regional trauma
21 care advisory committee for the region in which the facility is located.

22 (2) Members of a regional trauma care advisory committee serve 4-year terms, except that one-half
23 of the members initially appointed shall, as determined by lot, serve 2-year terms. If a vacancy occurs, the
24 appointing authority shall appoint a replacement to fill the unexpired term. Members may be reappointed
25 and may be removed for cause by the appointing authority.

26 (3) Members of a regional trauma care advisory committee shall elect a presiding officer who shall
27 serve a term of 2 years.

28 (4) Members of a regional trauma care advisory committee do not receive compensation from the
29 state and may not be reimbursed by the state for their expenses.

30 (5) Regional trauma care advisory committees have the duties provided in [section 9].

1 **NEW SECTION. Section 9. Duties of regional trauma care advisory committees.** A regional trauma
2 care advisory committee shall:

3 (1) establish standards, policies, procedures, and protocols for the regional trauma care system;

4 (2) conduct regional trauma care quality improvement, including receipt of reports prepared by the
5 department containing trauma care data and making recommendations to trauma care facilities within the
6 region based upon those reports;

7 (3) advise the trauma care committee concerning the statewide trauma care system;

8 (4) establish trauma education and injury prevention programs;

9 (5) provide advice concerning trauma care to health care facilities and other providers of health
10 care;

11 ~~(6) review requests for grants in aid pursuant to [section 11] and make recommendations~~
12 ~~concerning each regional request to the trauma care committee;~~

13 ~~(7)(6)~~ perform other duties required by department rule; and

14 ~~(8)(7)~~ conduct other activities needed to ensure optimal delivery of trauma care services within the
15 region.

16
17 **NEW SECTION. Section 10. Confidentiality.** (1) Data in a health care facility's hospital trauma
18 register and reports developed from that data pertaining to quality of trauma care may be given by the
19 facility only to:

20 (a) the facility's peer review committee;

21 (b) the regional trauma care advisory committee of the region in which the facility is located;

22 (c) the trauma care committee; ~~or~~ **AND**

23 (d) the department.

24 (2) Data in the state trauma register and hospital trauma registers is not subject to discovery in a
25 civil action and may not be introduced into evidence in a judicial or administrative proceeding.

26 (3) Data and reports concerning peer review, quality improvement, or the quality of the trauma care
27 provided by a health care facility or a health care provider that are produced by a regional trauma care
28 advisory committee or the trauma care committee or provided by a health care facility to a regional trauma
29 care advisory committee or the trauma care committee, as well as the proceedings of those committees
30 concerning peer review and quality improvement, are not subject to discovery in a civil action and may not

1 be introduced into evidence in a judicial or administrative proceeding.

2 (4) A statistical report on trauma and trauma care developed by the department that does not
3 identify specific health care facilities, health care providers, or patients is not confidential and is considered
4 public information.

5 (5) A statistical report developed by a health care facility from information in its hospital trauma
6 register that does not pertain to peer review or quality improvement is not confidential and is considered
7 public information.

8 (6) Information in a department record or report that is used to evaluate and improve the quality
9 of emergency medical service and trauma care by a health care facility or emergency medical service is not
10 subject to discovery and may not be introduced in evidence in a judicial or administrative proceeding.

11 (7) Information in a department record or report that is used to determine whether a health care
12 facility will be designated or lose its designation as a trauma care facility is not confidential and is
13 considered public information.

14 ~~(8) A standard or protocol adopted by the department pursuant to [sections 3 through 12-11-10]~~
15 ~~may not be used to demonstrate negligence or lack of negligence by a health care provider or health care~~
16 ~~facility to whom the standard or protocol applies.~~

17

18 ~~**NEW SECTION. Section 11. Grant in aid program.** (1) The department shall establish a~~
19 ~~grant in aid program to assist emergency medical services, trauma facilities, and medical assistance facilities~~
20 ~~in meeting the needs of the statewide trauma care system and the emergency medical service system. The~~
21 ~~needs of these systems include the procurement of special equipment and training of personnel. As part~~
22 ~~of the program, the department shall establish priorities against which all applications for grants in aid must~~
23 ~~be compared.~~

24 ~~(2) After receiving recommendations from the trauma care committee and the relevant regional~~
25 ~~trauma care advisory committee, the emergency medical services advisory council shall, in accordance with~~
26 ~~standards established by department rule, evaluate requests for grants in aid. The council shall determine~~
27 ~~the extent to which the requests fulfill the priorities established by the department pursuant to subsection~~
28 ~~(1) and shall decide which applicants will receive grants of funds from the trauma system grant in aid~~
29 ~~account established in [section 12].~~

30 ~~(3) A recipient of a grant shall contribute matching funds to the project for which the grant was~~

1 approved, in an amount required by department rule.

2

3 ~~NEW SECTION. Section 12. Trauma system accounts—appropriations. (1) There are within the~~
 4 ~~state special revenue fund a trauma system implementation account and a trauma system grant in aid~~
 5 ~~account.~~

6 ~~(2) Fees received by the state treasurer pursuant to 61-3-321(7) must be deposited in the accounts~~
 7 ~~as follows:~~

8 ~~(a) on and after January 1, 1996, 70 cents of each fee must be deposited in the trauma system~~
 9 ~~grant in aid account;~~

10 ~~(b) during calendar year 1996, 20 cents of each fee must be deposited in the trauma system~~
 11 ~~implementation account; and~~

12 ~~(c) on and after January 1, 1997, 50 cents of each fee must be deposited in the trauma system~~
 13 ~~implementation account.~~

14 ~~(3) Money in the trauma system implementation account is subject to appropriation by the~~
 15 ~~legislature to the department for the purpose of the operation of the statewide trauma system, including~~
 16 ~~paying the expenses of the emergency medical services advisory council and the trauma care committee,~~
 17 ~~operating the state trauma register and the evaluation system, operating the prehospital emergency medical~~
 18 ~~services data collection system, providing education and training, providing technical assistance to~~
 19 ~~emergency medical services and trauma facilities, providing trauma prevention public education, and~~
 20 ~~coordinating the statewide trauma system.~~

21 ~~(4) Money in the trauma system grant in aid account is subject to appropriation by the legislature~~
 22 ~~to the department for the purposes of funding the grant in aid program established by [section 11].~~

23

24 **Section 11.** Section 50-6-103, MCA, is amended to read:

25 "50-6-103. **Powers of department.** (1) The department of health and environmental sciences is
 26 authorized to confer and cooperate with ~~any and all other~~ persons, organizations, and governmental
 27 agencies that have an interest in emergency medical services problems and needs.

28 (2) The department is authorized to accept, receive, expend, and administer any and all funds
 29 ~~which that~~ are now available or ~~which that~~ may be donated, granted, or appropriated to the department.

30 (3) The department may, after consultation with the emergency medical services advisory council,

1 the trauma care committee, the Montana committee on trauma of the American college of surgeons, the
 2 Montana hospital association, and the Montana medical association, adopt rules necessary to implement
 3 [sections 3 through 42 44 10]."

4

5 ~~Section 14. Section 61-3-321, MCA, is amended to read:~~

6 ~~"61-3-321. Registration fees of vehicles — public owned vehicles exempt from license or~~
 7 ~~registration fees — disposition of fees. (1) Registration or license fees must be paid upon registration or~~
 8 ~~re-registration of motor vehicles, trailers, housetrailers, and semitrailers, in accordance with this chapter,~~
 9 ~~as follows:~~

10 ~~(a) motor vehicles weighing 2,850 pounds or under (other than motortrucks), \$5;~~

11 ~~(b) motor vehicles weighing over 2,850 pounds (other than motortrucks), \$10;~~

12 ~~(c) electrically driven passenger vehicles, \$10;~~

13 ~~(d) all motorcycles and quadricycles, \$2;~~

14 ~~(e) tractors and/or trucks, \$10;~~

15 ~~(f) buses are classed as motortrucks and licensed accordingly;~~

16 ~~(g) trailers and semitrailers less than 2,500 pounds maximum gross loaded weight and housetrailers~~
 17 ~~of all weights, \$2;~~

18 ~~(h) trailers and semitrailers over 2,500 up to 6,000 pounds maximum gross loaded weight (except~~
 19 ~~housetrailers), \$5;~~

20 ~~(i) trailers and semitrailers over 6,000 pounds maximum gross loaded weight, \$10, except trailers~~
 21 ~~and semitrailers registered in other jurisdictions and registered through a proportional registration~~
 22 ~~agreement;~~

23 ~~(j) trailers used exclusively in the transportation of logs in the forest or in the transportation of oil~~
 24 ~~and gas well machinery, road machinery, or bridge materials, new and secondhand, \$15 annually,~~
 25 ~~regardless of size or capacity.~~

26 ~~(2) All rates are 25% higher for motor vehicles, trailers, and semitrailers not equipped with~~
 27 ~~pneumatic tires.~~

28 ~~(3) "Tractor", as specified in this section, means any motor vehicle, except passenger cars, used~~
 29 ~~for towing a trailer or semitrailer.~~

30 ~~(4) If any motor vehicle, housetrailer, trailer, or semitrailer is originally registered 6 months after~~

1 the time of registration as set by law, the registration or license fee for the remainder of the year is one half
2 of the regular fee.

3 ~~(5) An additional fee of \$5.25 per year for each registration of a vehicle, except trailers and~~
4 ~~semitrailers registered in other jurisdictions and registered through a proportional registration agreement,~~
5 ~~must be collected as a registration fee. Revenue from this fee must be forwarded by the respective county~~
6 ~~treasurers to the state treasurer for deposit in the general fund. The department shall distribute 25 cents~~
7 ~~from the motor vehicle registration fee for payment of supplemental benefits provided for in 19-6-709.~~

8 ~~(6) A fee of \$2 for each set of new number plates must be collected when number plates provided~~
9 ~~for under 61-3-332(3) are issued. Revenue from this fee must be deposited as provided in subsection (5).~~

10 ~~(7) Beginning January 1, 1996, an additional fee must be collected as a fee for the registration of~~
11 ~~each personal passenger vehicle, bus, truck, and motor home. The fee must be forwarded by the~~
12 ~~respective county treasurers to the state treasurer for deposit in the special revenue accounts established~~
13 ~~by [section 12] to fund the statewide emergency medical services and trauma system programs. The fee~~
14 ~~is 90 cents during calendar year 1996 and \$1.20 on and after January 1, 1997.~~

15 ~~(7)(8) The provisions of this part with respect to the payment of registration fees do not apply to~~
16 ~~and are not binding upon motor vehicles, trailers or semitrailers, or tractors owned or controlled by the~~
17 ~~United States of America or any state, county, or city.~~

18 ~~(8)(9) The provisions of this section relating to the payment of registration fees or new number~~
19 ~~plate fees do not apply when number plates are transferred to a replacement vehicle under 61-3-317,~~
20 ~~61-3-332, or 61-3-335."~~

21
22 ~~Section 15. Section 61-3-510, MCA, is amended to read:~~
23 ~~"61-3-510. Weed control fee. (1) A special weed control fee of \$1.50 must be assessed on the~~
24 ~~annual registration or reregistration of each motor vehicle subject to registration. The fee must be collected~~
25 ~~by the county treasurer.~~

26 ~~(2) For purposes of this section, motor vehicle includes:~~

- 27 ~~(a) motor vehicle as defined in 61-1-102;~~
28 ~~(b) motorcycle as defined in 61-1-105;~~
29 ~~(c) motor driven cycle as defined in 61-1-106; and~~
30 ~~(d) quadricycle as defined in 61-1-133.~~

