

Section 2 of this bill amends the community college faculty tenure review process by changing the maximum probationary period language from "three consecutive college years, excluding summer quarters" to "nine consecutive college quarters, excluding summer quarters and approved leaves of absence". In addition, section 2 provides that the probationary period could be extended up to three additional college quarters upon the recommendation of the review committee, and with the consent of the probationary faculty member and the appointing authority. Both the institution and the probationer would benefit by these changes.

I am supportive of an initiative which clarifies, and possibly lengthens, the performance review of faculty appointees prior to the granting of tenure, as long as the initiative improves the review process. I do not believe, however, that this proposed legislation adequately corrects the problems associated with the award of faculty tenure following a probationary period.

Under current law, the appointing authority, upon deciding not to renew a probationary faculty appointment, is required to notify the probationer of its decision by no later than the last day of the winter quarter in the third consecutive college year. Since this requirement was not eliminated in conjunction with the probationary period changes, virtually no improvement is made to the current review process. With the removal of section 2, sections 1, 4, 5 and 6 are superfluous. For these reasons, I have vetoed sections 1, 2, 4, 5 and 6 of Substitute Senate Bill No. 6306.

Section 3 of this bill requires the State Board of Community College Education to conduct a study of salaries for faculty and administrators at Community Colleges. That study, which I support, is already underway. This provision has the benefit of formalizing that study and setting a reporting date.

With the exception of sections 1, 2, 4, 5, and 6, Substitute Senate Bill No. 6306 is approved."

CHAPTER 269

[Substitute Senate Bill No. 6191]

WASHINGTON STATE TRAUMA CARE SYSTEM

AN ACT Relating to the Washington state trauma care system; amending RCW 70.168.010, 70.168.020, 18.73.040, 18.73.050, 70.170.100, 18.73.060, 18.73.073, 18.73.085, 70.168.040, 18.71.205, 18.71.212, 18.71.215, 18.76.050, 18.73.010, 18.73.030, 18.73.081, and 18.73.130; adding new sections to chapter 70.168 RCW; recodifying RCW 18.73.060, 18.73.073, and 18.73.085; creating a new section; repealing RCW 18.73.070; and declaring an emergency.

Be it enacted by the Legislature of the State of Washington:

Sec. 1. Section 1, chapter 183, Laws of 1988 and RCW 70.168.010 are each amended to read as follows:

The legislature finds and declares that:

(1) Trauma is a severe health problem in the state of Washington and a major cause of death;

(2) Presently, trauma care is very limited in many parts of the state, and ((~~rural area~~)) health care in rural areas is in transition with the danger that some communities will be without emergency medical care; ((~~and~~))

(3) It is in the best interest of the citizens of Washington state to establish ((~~a~~)) an efficient and well-coordinated state-wide emergency medical services and trauma care system to reduce costs and incidence of inappropriate and inadequate trauma care and emergency medical service

and minimize the human suffering and costs associated with preventable mortality and morbidity;

(4) The goals and objectives of an emergency medical services and trauma care system are to: (a) Pursue trauma prevention activities to decrease the incidence of trauma; (b) provide optimal care for the trauma victim; (c) prevent unnecessary death and disability from trauma and emergency illness; and (d) contain costs of trauma care and trauma system implementation; and

(5) In other parts of the United States where trauma care systems have failed and trauma care centers have closed, there is a direct relationship between such failures and closures and a lack of commitment to fair and equitable reimbursement for trauma care participating providers and system overhead costs.

NEW SECTION. Sec. 2. This chapter shall be known and cited as the "state-wide emergency medical services and trauma care system act."

NEW SECTION. Sec. 3. (1) The department, in consultation with, and having solicited the advice of, the emergency medical services and trauma care steering committee, shall establish the Washington state emergency medical services and trauma care system.

(2) The department shall adopt rules consistent with this chapter to carry out the purpose of this chapter. All rules shall be adopted in accordance with chapter 34.05 RCW. All rules and procedures adopted by the department shall minimize paperwork and compliance requirements for facilities and other participants. The department shall assure an opportunity for consultation, review, and comment by the public and providers of emergency medical services and trauma care before adoption of rules. When developing rules to implement this chapter the department shall consider the report of the Washington state trauma project established under chapter 183, Laws of 1988. Nothing in this chapter requires the department to follow any specific recommendation in that report except as it may also be included in this chapter.

(3) The department may apply for, receive, and accept gifts and other payments, including property and service, from any governmental or other public or private entity or person, and may make arrangements as to the use of these receipts, including any activities related to the design, maintenance, or enhancements of the emergency medical services and trauma care system in the state. The department shall make available upon request to the appropriate legislative committees information concerning the source, amount, and use of such gifts or payments.

NEW SECTION. Sec. 4. As used in this chapter, the following terms have the meanings indicated unless the context clearly requires otherwise.

(1) "Communications system" means a radio and landline network which provides rapid public access, coordinated central dispatching of services, and coordination of personnel, equipment, and facilities in an emergency medical services and trauma care system.

(2) "Emergency medical service" means medical treatment and care that may be rendered at the scene of any medical emergency or while transporting any patient in an ambulance to an appropriate medical facility, including ambulance transportation between medical facilities.

(3) "Emergency medical services medical program director" means a person who is an approved program director as defined by RCW 18.71.205(4).

(4) "Department" means the department of health.

(5) "Designation" means a formal determination by the department that hospitals or health care facilities are capable of providing designated trauma care services as authorized in section 9 of this act.

(6) "Designated trauma care service" means a level I, II, III, IV, or V trauma care service or level I, II, or III, pediatric trauma care service or level I, I-pediatric, II, or III trauma-related rehabilitative service.

(7) "Emergency medical services and trauma care system plan" means a state-wide plan that identifies state-wide emergency medical services and trauma care objectives and priorities and identifies equipment, facility, personnel, training, and other needs required to create and maintain a state-wide emergency medical services and trauma care system. The plan also includes a plan of implementation that identifies the state, regional, and local activities that will create, operate, maintain, and enhance the system. The plan is formulated by incorporating the regional emergency medical services and trauma care plans required under this chapter. The plan shall be updated every two years and shall be made available to the state board of health in sufficient time to be considered in preparation of the biennial state health report required in RCW 43.20.050.

(8) "Emergency medical services and trauma care planning and service regions" means geographic areas established by the department under this chapter.

(9) "Facility patient care protocols" means the written procedures adopted by the medical staff that direct the care of the patient. These procedures shall be based upon the assessment of the patients' medical needs. The procedures shall follow minimum state-wide standards for trauma care services.

(10) "Hospital" means a facility licensed under chapter 70.41 RCW, or comparable health care facility operated by the federal government or located and licensed in another state.

(11) "Level I pediatric trauma care services" means pediatric trauma care services as established in section 8 of this act. Hospitals providing level

I services shall provide definitive, comprehensive, specialized care for pediatric trauma patients and shall also provide ongoing research and health care professional education in pediatric trauma care.

(12) "Level II pediatric trauma care services" means pediatric trauma care services as established in section 8 of this act. Hospitals providing level II services shall provide initial stabilization and evaluation of pediatric trauma patients and provide comprehensive general medicine and surgical care to pediatric patients who can be maintained in a stable or improving condition without the specialized care available in the level I hospital. Complex surgeries and research and health care professional education in pediatric trauma care activities are not required.

(13) "Level III pediatric trauma care services" means pediatric trauma care services as established in section 8 of this act. Hospitals providing level III services shall provide initial evaluation and stabilization of patients. The range of pediatric trauma care services provided in level III hospitals are not as comprehensive as level I and II hospitals.

(14) "Level I rehabilitative services" means rehabilitative services as established in section 8 of this act. Facilities providing level I rehabilitative services provide rehabilitative treatment to patients with traumatic brain injuries, spinal cord injuries, complicated amputations, and other diagnoses resulting in functional impairment, with moderate to severe impairment or complexity. These facilities serve as referral facilities for facilities authorized to provide level II and III rehabilitative services.

(15) "Level I—pediatric rehabilitative services" means rehabilitative services as established in section 8 of this act. Facilities providing level I—pediatric rehabilitative services provide the same services as facilities authorized to provide level I rehabilitative services except these services are exclusively for children under the age of fifteen years.

(16) "Level II rehabilitative services" means rehabilitative services as established in section 8 of this act. Facilities providing Level II rehabilitative services treat individuals with musculoskeletal trauma, peripheral nerve lesions, lower extremity amputations, and other diagnoses resulting in functional impairment in more than one functional area, with moderate to severe impairment or complexity.

(17) "Level III rehabilitative services" means rehabilitative services as established in section 8 of this act. Facilities providing level III rehabilitative services provide treatment to individuals with musculoskeletal injuries, peripheral nerve injuries, uncomplicated lower extremity amputations, and other diagnoses resulting in functional impairment in more than one functional area but with minimal to moderate impairment or complexity.

(18) "Level I trauma care services" means trauma care services as established in section 8 of this act. Hospitals providing level I services shall have specialized trauma care teams and provide ongoing research and health care professional education in trauma care.

(19) "Level II trauma care services" means trauma care services as established in section 8 of this act. Hospitals providing level II services shall be similar to those provided by level I hospitals, although complex surgeries and research and health care professional education activities are not required to be provided.

(20) "Level III trauma care services" means trauma care services as established in section 8 of this act. The range of trauma care services provided by level III hospitals are not as comprehensive as level I and II hospitals.

(21) "Level IV trauma care services" means trauma care services as established in section 8 of this act.

(22) "Level V trauma care services" means trauma care services as established in section 8 of this act. Facilities providing level V services shall provide stabilization and transfer of all patients with potentially life-threatening injuries.

(23) "Patient care procedures" means written operating guidelines adopted by the regional emergency medical services and trauma care council, in consultation with local emergency medical services and trauma care councils, emergency communication centers, and the emergency medical services medical program director, in accordance with minimum state-wide standards. The patient care procedures shall identify the level of medical care personnel to be dispatched to an emergency scene, procedures for triage of patients, the level of trauma care facility to first receive the patient, and the name and location of other trauma care facilities to receive the patient should an interfacility transfer be necessary. Procedures on interfacility transfer of patients shall be consistent with the transfer procedures required in chapter 70.170 RCW.

(24) "Pediatric trauma patient" means trauma patients known or estimated to be less than fifteen years of age.

(25) "Prehospital" means emergency medical care or transportation rendered to patients prior to hospital admission or during interfacility transfer by licensed ambulance or aid service under chapter 18.73 RCW, by personnel certified to provide emergency medical care under chapters 18.71 and 18.73 RCW, or by facilities providing level V trauma care services as provided for in this chapter.

(26) "Prehospital patient care protocols" means the written procedures adopted by the emergency medical services medical program director that direct the out-of-hospital emergency care of the emergency patient which includes the trauma patient. These procedures shall be based upon the assessment of the patients' medical needs and the treatment to be provided for serious conditions. The procedures shall meet or exceed state-wide minimum standards for trauma and other prehospital care services.

(27) "Rehabilitative services" means a formal program of multidisciplinary, coordinated, and integrated services for evaluation, treatment, education, and training to help individuals with disabling impairments achieve and maintain optimal functional independence in physical, psychosocial, social, vocational, and avocational realms. Rehabilitation is indicated for the trauma patient who has sustained neurologic or musculoskeletal injury and who needs physical or cognitive intervention to return to home, work, or society.

(28) "Secretary" means the secretary of the department of health.

(29) "Trauma" means a major single or multisystem injury requiring immediate medical or surgical intervention or treatment to prevent death or permanent disability.

(30) "Trauma care system" means an organized approach to providing care to trauma patients that provides personnel, facilities, and equipment for effective and coordinated trauma care. The trauma care system shall: Identify facilities with specific capabilities to provide care, triage trauma victims at the scene, and require that all trauma victims be sent to an appropriate trauma facility. The trauma care system includes prevention, pre-hospital care, hospital care, and rehabilitation.

(31) "Triage" means the sorting of patients in terms of disposition, destination, or priority. Triage of prehospital trauma victims requires identifying injury severity so that the appropriate care level can be readily assessed according to patient care guidelines.

(32) "Verification" means the identification of prehospital providers who are capable of providing verified trauma care services and shall be a part of the licensure process required in chapter 18.73 RCW.

(33) "Verified trauma care service" means prehospital service as provided for in section 10 of this act, and identified in the regional emergency medical services and trauma care plan as required by section 13 of this act.

Sec. 5. Section 2, chapter 183, Laws of 1988 and RCW 70.168.020 are each amended to read as follows:

(1) There is hereby created ((a)) an emergency medical services and trauma care steering committee composed of representatives of individuals knowledgeable in emergency medical services and trauma care, including emergency medical providers such as physicians, nurses, hospital personnel, emergency medical technicians, paramedics, ((and)) ambulance operators, ((and)) a member of the emergency medical services licensing and certification advisory committee, local government officials, state officials, consumers, and persons affiliated professionally with health science schools. The governor shall appoint members of the steering committee. Members shall be appointed for a period of three years. The department shall provide administrative support to the committee. All appointive members of the committee, in the performance of their duties, may be entitled to receive travel expenses as provided in RCW 43.03.050 and 43.03.060. The governor may

remove members from the committee who have three unexcused absences from committee meetings. The governor shall fill any vacancies of the committee in a timely manner. The terms of those members representing the same field shall not expire at the same time.

The committee shall elect a chair and a vice-chair whose terms of office shall be for one year each. The chair shall be ineligible for reelection after serving four consecutive terms.

The committee shall meet on call by the governor, the secretary, or the chair.

(2) The emergency medical services and trauma care steering committee shall:

(a) Advise the department regarding emergency medical services and trauma care needs throughout the state.

(b) Review the regional emergency medical services and trauma care plans and recommend changes to the department before the department adopts the plans.

(c) Review proposed departmental rules for emergency medical services and trauma care.

(d) Recommend modifications in rules regarding emergency medical services and trauma care.

Sec. 6. Section 4, chapter 208, Laws of 1973 1st ex. sess. as last amended by section 55, chapter 279, Laws of 1984 and RCW 18.73.040 are each amended to read as follows:

There is created an emergency medical services licensing and certification advisory committee of ((nine)) eleven members to be appointed by the ((governor)) department. Members of the committee shall be composed of a balance of physicians, one of whom is an emergency medical services medical program director, and individuals regulated under RCW 18.71.205 and 18.73.081, an administrator from a city or county emergency medical services system, a member of the emergency medical services and trauma care steering committee, and one consumer. All members except the consumer shall be ((persons)) knowledgeable in specific and general aspects of emergency medical services. Members shall be appointed for a period of three years((; except, that the first appointees shall serve for terms as follows: Five for three years, two for two years, and two for one year. Further,)). The terms of those members representing the same field shall not expire at the same time.

The committee shall elect a chairman and a vice chairman whose terms of office shall be for one year each. The chairman shall be ineligible for reelection after serving ((two)) four consecutive terms.

The committee shall meet on call by ((the governor,)) the secretary or the chairman.

~~((In addition to the members specified in this section, the governor shall appoint a consumer member of the board, who shall serve for a term of three years.))~~

All appointive members of the committee, in the performance of their duties, may be entitled to receive travel expenses as provided in RCW 43.03.050 and 43.03.060 as now existing or hereafter amended.

Sec. 7. Section 5, chapter 208, Laws of 1973 1st ex. sess. as last amended by section 3, chapter 214, Laws of 1987 and RCW 18.73.050 are each amended to read as follows:

The emergency medical services licensing and certification advisory committee shall:

~~(1) ((Advise the secretary regarding emergency medical care needs throughout the state:~~

~~(2) Review regional emergency medical services plans and recommend changes to the secretary before adoption of the plans:~~

~~(3)) Review all administrative rules pertaining to licensing and certification of emergency medical services proposed for adoption by the ((sec-
retary)) department under this chapter or under RCW 18.71.205((The
secretary shall submit all such rules to the committee in writing. The com-
mittee shall, within forty-five days of receiving the proposed rules,)) and
advise the ((secretary)) department of its recommendations. ((If the com-
mittee fails to notify the secretary within forty-five days of receipt of a
proposed rule it shall be deemed to be approved by the committee:~~

~~(4)) (2) Assist the ((secretary)) department, at the ((secretary's)) de-
partment's request, to fulfill any duty or exercise any power under this
chapter pertaining to emergency medical services licensing and certification.~~

NEW SECTION. Sec. 8. The department, in consultation with and having solicited the advice of the emergency medical services and trauma care steering committee, shall:

(1) Establish the following on a state-wide basis:

(a) By September 1990, minimum standards for facility, equipment, and personnel for level I, II, III, IV, and V trauma care services;

(b) By September 1990, minimum standards for facility, equipment, and personnel for level I, I-pediatric, II, and III trauma-related rehabilitative services;

(c) By September 1990, minimum standards for facility, equipment, and personnel for level I, II, and III pediatric trauma care services;

(d) By September 1990, minimum standards required for verified pre-hospital trauma care services, including equipment and personnel;

(e) Personnel training requirements and programs for providers of trauma care. The department shall design programs which are accessible to rural providers including on-site training;

(f) State-wide emergency medical services and trauma care system objectives and priorities;

(g) Minimum standards for the development of facility patient care protocols and prehospital patient care protocols and patient care procedures;

(h) By July 1991, minimum standards for an effective emergency medical communication system;

(i) Minimum standards for an effective emergency medical services transportation system; and

(j) By July 1991, establish a program for emergency medical services and trauma care research and development;

(2) Establish state-wide standards, personnel training requirements and programs, system objectives and priorities, protocols and guidelines as required in subsection (1) of this section, by utilizing those standards adopted in the report of the Washington trauma advisory committee as authorized by chapter 183, Laws of 1988. In establishing standards for level IV or V trauma care services the department may adopt similar standards adopted for services provided in rural health care facilities authorized in chapter 70.175 RCW. The department may modify standards, personnel training requirements and programs, system objectives and priorities, and guidelines in rule if the department determines that such modifications are necessary to meet federal and other state requirements or are essential to allow the department and others to establish the system or should it determine that public health considerations or efficiencies in the delivery of emergency medical services and trauma care warrant such modifications;

(3) Designate emergency medical services and trauma care planning and service regions as provided for in this chapter;

(4) By July 1, 1992, establish the minimum and maximum number of hospitals and health care facilities in the state and within each emergency medical services and trauma care planning and service region that may provide designated trauma care services based upon approved regional emergency medical services and trauma care plans;

(5) By July 1, 1991, establish the minimum and maximum number of prehospital providers in the state and within each emergency medical services and trauma care planning and service region that may provide verified trauma care services based upon approved regional emergency medical services and trauma care plans;

(6) By July 1993, begin the designation of hospitals and health care facilities to provide designated trauma care services in accordance with needs identified in the state-wide emergency medical services and trauma care plan;

(7) By July 1990, adopt a format for submission of the regional plans to the department;

(8) By July 1991, begin the review and approval of regional emergency medical services and trauma care plans;

(9) By July 1992, prepare regional plans for those regions that do not submit a regional plan to the department that meets the requirements of this chapter;

(10) By October 1992, prepare and implement the state-wide emergency medical services and trauma care system plan incorporating the regional plans;

(11) Coordinate the state-wide emergency medical services and trauma care system to assure integration and smooth operation between the regions;

(12) Facilitate coordination between the emergency medical services and trauma care steering committee and the emergency medical services licensing and certification advisory committee;

(13) Monitor the state-wide emergency medical services and trauma care system;

(14) Conduct a study of all costs, charges, expenses, and levels of reimbursement associated with providers of trauma care services, and provide its findings and any recommendations regarding adequate and equitable reimbursement to trauma care providers to the legislature by July 1, 1991;

(15) Monitor the level of public and private payments made on behalf of trauma care patients to determine whether health care providers have been adequately reimbursed for the costs of care rendered such persons;

(16) By July 1991, design and establish the state-wide trauma care registry as authorized in section 11 of this act to (a) assess the effectiveness of emergency medical services and trauma care delivery, and (b) modify standards and other system requirements to improve the provision of emergency medical services and trauma care;

(17) By July 1991, develop patient outcome measures to assess the effectiveness of emergency medical services and trauma care in the system;

(18) By July 1993, develop standards for regional emergency medical services and trauma care quality assurance programs required in section 11 of this act;

(19) Administer funding allocated to the department for the purpose of creating, maintaining, or enhancing the state-wide emergency medical services and trauma care system; and

(20) By October 1990, begin coordination and development of trauma prevention and education programs.

NEW SECTION. Sec. 9. Any hospital or health care facility that desires to be authorized to provide a designated trauma care service shall request designation from the department. Designation involves a contractual relationship between the state and a hospital or health care facility whereby each agrees to maintain a level of commitment and resources sufficient to meet responsibilities and standards required by the state-wide emergency medical services and trauma care system plan. By January 1992, the department shall determine by rule the manner and form of such requests.

Upon receiving a request, the department shall review the request to determine whether the hospital or health care facility is in compliance with standards for the trauma care service or services for which designation is desired. If requests are received from more than one hospital or health care facility within the same emergency medical planning and trauma care planning and service region, the department shall select the most qualified applicant or applicants to be selected through a competitive process. Any applicant not designated may request a hearing to review the decision.

Designations are valid for a period of three years and are renewable upon receipt of a request for renewal prior to expiration from the hospital or health care facility. When an authorization for designation is due for renewal other hospitals and health care facilities in the area may also apply and compete for designation. Regional emergency medical and trauma care councils shall be notified promptly of designated hospitals and health care facilities in their region so they may incorporate them into the regional plan as required by this chapter. The department may revoke or suspend the designation should it determine that the hospital or health care facility is substantially out of compliance with the standards and has refused or been unable to comply after a reasonable period of time has elapsed. The department shall promptly notify the regional emergency medical and trauma care planning and service region of suspensions or revocations. Any facility whose designation has been revoked or suspended may request a hearing to review the action by the department as provided for in chapter 34.05 RCW.

As a part of the process to designate and renew the designation of hospitals authorized to provide level I, II, or III trauma care services or level I, II, and III pediatric trauma care services, the department shall contract for on site reviews of such hospitals to determine compliance with required standards. The department may contract for on-site reviews of hospitals and health care facilities authorized to provide level IV or V trauma care services or level I, I-pediatric, II, or III trauma-related rehabilitative services to determine compliance with required standards. Members of on-site review teams and staff included in site visits are exempt from RCW 42.17.250 through 42.17.450. They may not divulge and cannot be subpoenaed to divulge information obtained or reports written pursuant to this section in any civil action, except, after in camera review, pursuant to a court order which provides for the protection of sensitive information of interested parties including the department: (1) In actions arising out of the department's designation of a hospital or health care facility pursuant to section 9 of this act; (2) in actions arising out of the department's revocation or suspension of designation status of a hospital or health care facility under section 9 of this act; or (3) in actions arising out of the restriction or revocation of the clinical or staff privileges of a health care provider as defined in RCW 70.70.020 (1) and (2), subject to any further restrictions on

disclosure in RCW 4.24.250 that may apply. Information that identifies individual patients shall not be publicly disclosed without the patient's consent. When a facility requests designation for more than one service, the department may coordinate the joint consideration of such requests.

The department may establish fees to help defray the costs of this section, though such fees shall not be assessed to health care facilities authorized to provide level IV and V trauma care services.

This section shall not restrict the authority of a hospital or a health care provider licensed under Title 18 RCW to provide services which it has been authorized to provide by state law.

NEW SECTION. Sec. 10. (1) Any provider desiring to provide a verified prehospital trauma care service shall indicate on the licensing application how they meet the standards required for verification as a provider of this service. The department shall notify the regional emergency medical services and trauma care councils of the providers of verified trauma care services in their regions. The department may conduct on-site reviews of prehospital providers to assess compliance with the applicable standards.

(2) Should the department determine that a prehospital provider is substantially out of compliance with the standards, the department shall notify the regional emergency medical services and trauma care council. If the failure of a prehospital provider to comply with the applicable standards results in the region being out of compliance with its regional plan, the council shall take such steps necessary to assure the region is brought into compliance within a reasonable period of time. The council may seek assistance and funding from the department and others to provide training or grants necessary to bring a prehospital provider into compliance. The council may appeal to the department for modification of the regional plan if it is unable to assure continued compliance with the regional plan. The department may authorize modification of the plan if such modifications meet the requirements of this chapter. The department may suspend or revoke the authorization of a prehospital provider to provide a verified prehospital service if the provider has refused or been unable to comply after a reasonable period of time has elapsed. The council shall be notified promptly of any revocations or suspensions. Any prehospital provider whose verification has been suspended or revoked may request a hearing to review the action by the department as provided for in chapter 34.05 RCW.

(3) The department may grant a variance from provisions of this section if the department determines: (a) That no detriment to public health and safety will result from the variance, and (b) compliance with provisions of this section will cause a reduction or loss of existing prehospital services. Variances may be granted for a period not to exceed one year. A variance may be renewed by the department. If a renewal is granted, a plan of compliance shall be prepared specifying steps necessary to bring a provider or region into compliance and expected date of compliance.

(4) This section shall not restrict the authority of a provider licensed under Title 18 RCW to provide services which it has been authorized to provide by state law.

NEW SECTION. Sec. 11. (1) By July 1991, the department shall establish a state-wide data registry to collect and analyze data on the incidence, severity, and causes of trauma, including traumatic brain injury. The department shall collect additional data on traumatic brain injury should additional data requirements be enacted by the legislature. The registry shall be used to improve the availability and delivery of prehospital and hospital trauma care services. Specific data elements of the registry shall be defined by rule by the department. To the extent possible, the department shall coordinate data collection from hospitals for the trauma registry with the state-wide hospital data system authorized in chapter 70.170 RCW. Every hospital, facility, or health care provider authorized to provide level I, II, III, IV, or V trauma care services, level I, II, or III pediatric trauma care services, level I, level I-pediatric, II, or III trauma-related rehabilitative services, and prehospital trauma-related services in the state shall furnish data to the registry. All other hospitals and prehospital providers shall furnish trauma data as required by the department by rule.

The department may respond to requests for data and other information from the registry for special studies and analysis consistent with requirements for confidentiality of patient and quality assurance records. The department may require requestors to pay any or all of the reasonable costs associated with such requests that might be approved.

(2) By January 1994, in each emergency medical services and trauma care planning and service region, a regional emergency medical services and trauma care systems quality assurance program shall be established by those facilities authorized to provide levels I, II, and III trauma care services. The systems quality assurance program shall evaluate trauma care delivery, patient care outcomes, and compliance with the requirements of this chapter. The emergency medical services medical program director and all other health care providers and facilities who provide trauma care services within the region shall be invited to participate in the regional emergency medical services and trauma care quality assurance program.

(3) Data elements related to the identification of individual patient's, provider's and facility's care outcomes shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450, and shall not be subject to discovery by subpoena or admissible as evidence.

(4) Patient care quality assurance proceedings, records, and reports developed pursuant to this section are confidential, exempt from RCW 42.17.250 through 42.17.450, and are not subject to discovery by subpoena or admissible as evidence. In any civil action, except, after in camera review, pursuant to a court order which provides for the protection of sensitive information of interested parties including the department: (a) In actions

arising out of the department's designation of a hospital or health care facility pursuant to section 9 of this act; (b) in actions arising out of the department's revocation or suspension of designation status of a hospital or health care facility under section 9 of this act; or (c) in actions arising out of the restriction or revocation of the clinical or staff privileges of a health care provider as defined in RCW 7.70.020 (1) and (2), subject to any further restrictions on disclosure in RCW 4.24.250 that may apply. Information that identifies individual patients shall not be publicly disclosed without the patient's consent.

Sec. 12. Section 510, chapter 9, Laws of 1989 1st ex. sess. and RCW 70.170.100 are each amended to read as follows:

(1) The department is responsible for the development, implementation, and custody of a state-wide hospital data system. As part of the design stage for development of the system, the department shall undertake a needs assessment of the types of, and format for, hospital data needed by consumers, purchasers, payers, hospitals, and state government as consistent with the intent of this chapter. The department shall identify a set of hospital data elements and report specifications which satisfy these needs. The council shall review the design of the data system and may direct the department to contract with a private vendor for assistance in the design of the data system. The data elements, specifications, and other design features of this data system shall be made available for public review and comment and shall be published, with comments, as the department's first data plan by January 1, 1990.

(2) Subsequent to the initial development of the data system as published as the department's first data plan, revisions to the data system shall be considered through the department's development of a biennial data plan, as proposed to, and funded by, the legislature through the biennial appropriations process. Costs of data activities outside of these data plans except for special studies shall be funded through legislative appropriations.

(3) In designing the state-wide hospital data system and any data plans, the department shall identify hospital data elements relating to both hospital finances and the use of services by patients. Data elements relating to hospital finances shall be reported by hospitals in conformance with a uniform system of reporting as specified by the department and shall include data elements identifying each hospital's revenues, expenses, contractual allowances, charity care, bad debt, other income, total units of inpatient and outpatient services, and other financial information reasonably necessary to fulfill the purposes of this chapter, for hospital activities as a whole and, as feasible and appropriate, for specified classes of hospital purchasers and payers. Data elements relating to use of hospital services by patients shall, at least initially, be the same as those currently compiled by hospitals through inpatient discharge abstracts and reported to the Washington state hospital commission.

(4) The state-wide hospital data system shall be uniform in its identification of reporting requirements for hospitals across the state to the extent that such uniformity is necessary to fulfill the purposes of this chapter. Data reporting requirements may reflect differences in hospital size; urban or rural location; scope, type, and method of providing service; financial structure; or other pertinent distinguishing factors. So far as possible, the data system shall be coordinated with any requirements of the trauma care data registry as authorized in section 11 of this act, the federal department of health and human services in its administration of the medicare program, and the state in its role of gathering public health statistics, so as to minimize any unduly burdensome reporting requirements imposed on hospitals.

(5) In identifying financial reporting requirements under the state-wide hospital data system, the department may require both annual reports and condensed quarterly reports, so as to achieve both accuracy and timeliness in reporting.

(6) In designing the initial state-wide hospital data system as published in the department's first data plan, the department shall review all existing systems of hospital financial and utilization reporting used in this state to determine their usefulness for the purposes of this chapter, including their potential usefulness as revised or simplified.

(7) Until such time as the state-wide hospital data system and first data plan are developed and implemented and hospitals are able to comply with reporting requirements, the department shall require hospitals to continue to submit the hospital financial and patient discharge information previously required to be submitted to the Washington state hospital commission. Upon publication of the first data plan, hospitals shall have a reasonable period of time to comply with any new reporting requirements and, even in the event that new reporting requirements differ greatly from past requirements, shall comply within two years of July 1, 1989.

(8) The hospital data collected and maintained by the department shall be available for retrieval in original or processed form to public and private requestors within a reasonable period of time after the date of request. The cost of retrieving data for state officials and agencies shall be funded through the state general appropriation. The cost of retrieving data for individuals and organizations engaged in research or private use of data shall be funded by a fee schedule developed by the department which reflects the direct cost of retrieving the data in the requested form.

NEW SECTION. Sec. 13. Regional emergency medical services and trauma care councils are established. The councils shall:

(1) By June 1990, begin the development of regional emergency medical services and trauma care plans to:

(a) Assess and analyze regional emergency medical services and trauma care needs;

(b) Identify personnel, agencies, facilities, equipment, training, and education to meet regional and local needs;

(c) Identify specific activities necessary to meet state-wide standards and patient care outcomes and develop a plan of implementation for regional compliance;

(d) Establish and review agreements with regional providers necessary to meet state standards;

(e) Establish agreements with providers outside the region to facilitate patient transfer;

(f) Include a regional budget;

(g) Establish the number and level of facilities to be designated which are consistent with state standards and based upon availability of resources and the distribution of trauma within the region;

(h) Identify the need for and recommend distribution and level of care of prehospital services to assure adequate availability and avoid inefficient duplication and lack of coordination of prehospital services within the region; and

(i) Include other specific elements defined by the department;

(2) By June 1991, begin the submission of the regional emergency services and trauma care plan to the department;

(3) Advise the department on matters relating to the delivery of emergency medical services and trauma care within the region;

(4) Provide data required by the department to assess the effectiveness of the emergency medical services and trauma care system;

(5) May apply for, receive, and accept gifts and other payments, including property and service, from any governmental or other public or private entity or person, and may make arrangements as to the use of these receipts, including any activities related to the design, maintenance, or enhancements of the emergency medical services and trauma care system in the region. The councils shall report in the regional budget the amount, source, and purpose of all gifts and payments.

Sec. 14. Section 6, chapter 208, Laws of 1973 1st ex. sess. as amended by section 4, chapter 214, Laws of 1987 and RCW 18.73.060 are each amended to read as follows:

~~((1))~~ The ~~((secretary))~~ department shall designate at least eight emergency medical services and trauma care planning and service regions so that all parts of the state are within such an area. These regional designations are to be made on the basis of ~~((convenience and))~~ efficiency of delivery of needed emergency medical services and trauma care.

~~((2))~~ ~~The secretary shall conduct a regional emergency medical services advisory council meeting in a major city of each planning and service region at least sixty days prior to the formulation of a plan for prehospital emergency medical services. Such meetings shall (a) afford an opportunity for participation by those interested in the determination of the need for;~~

~~and the location of ambulances and first aid vehicles and (b) provide a public forum that affords a full opportunity for presenting views on any relevant aspect of prehospital emergency medical services:))~~

Sec. 15. Section 8, chapter 112, Laws of 1983 as amended by section 6, chapter 214, Laws of 1987 and RCW 18.73.073 are each amended to read as follows:

(1) A county or group of counties may create a local emergency medical services ~~((advisory))~~ and trauma care council composed of ~~((persons representing health services providers))~~ representatives of hospital and pre-hospital trauma care and emergency medical services providers, local elected officials, consumers, local law enforcement officials, and local government agencies involved in the delivery of emergency medical services and trauma care.

(2) ~~((Regional emergency medical services advisory councils shall be created by the department with representatives from))~~ The department shall establish regional emergency medical services and trauma care councils and shall appoint members to be comprised of a balance of hospital and pre-hospital trauma care and emergency medical services providers, local elected officials, consumers, local law enforcement representatives, and local government agencies involved in the delivery of trauma care and emergency medical services recommended by the local emergency medical services and trauma care councils within the region ((and whose representation is determined by the local councils)).

(3) ~~((Power and duties of the councils are as follows:~~

~~(a))~~ Local emergency medical services ((advisory)) and trauma care councils shall review, evaluate, and provide recommendations to the ((de-
partment)) regional emergency medical services and trauma care council regarding the provision of emergency medical services and trauma care in the ((community/system service area)) region, and provide recommendations to the regional emergency medical services ((advisory)) and trauma care councils on the plan for emergency medical services and trauma care.

~~((b)) Regional emergency medical services advisory councils shall make recommendations to the department on components of the regional plan needed to improve emergency medical services systems:))~~

Sec. 16. Section 8, chapter 261, Laws of 1979 ex. sess. as amended by section 8, chapter 214, Laws of 1987 and RCW 18.73.085 are each amended to read as follows:

(1) The ~~((secretary))~~ department, with the assistance of the ~~((state))~~ emergency medical services ((advisory)) and trauma care steering committee, shall adopt a program for the disbursement of funds for the development, implementation, and enhancement of the emergency medical services and trauma care system. Under the program, the ~~((secretary))~~ department shall disburse funds to each emergency medical services and trauma care regional council, or their chosen fiscal agent or agents, which shall be city or

county governments, stipulating the purpose for which the funds shall be expended. The regional emergency medical services and trauma care council shall use such funds to make available matching grants in an amount not to exceed fifty percent of the cost of the proposal for which the grant is made; provided, the department may waive or modify the matching requirement if it determines insufficient local funding exists and the public health and safety would be jeopardized if the proposal were not funded. Grants shall be made to any public or private nonprofit agency which, in the judgment of the regional emergency medical services and trauma care council, will best fulfill the purpose of the grant.

(2) Grants may be awarded for any of the following purposes:

(a) Establishment and initial development of an emergency medical services and trauma care system;

(b) Expansion and improvement of an emergency medical services and trauma care system;

(c) Purchase of equipment for the operation of an emergency medical services and trauma care system; ~~((and))~~

(d) Training and continuing education of emergency medical and trauma care personnel; and

(e) Department approved research and development activities pertaining to emergency medical services and trauma care.

(3) Any emergency medical services agency or trauma care provider which receives a grant shall stipulate that it will:

(a) Operate in accordance with ~~((patient care protocols adopted by the medical program directors))~~ applicable provisions and standards required under this chapter; ~~((and))~~

(b) Provide, without prior inquiry as to ability to pay, emergency medical and trauma care to all patients requiring such care; and

(c) Be consistent with applicable provisions of the regional emergency medical services and trauma care plan and the state-wide emergency medical services and trauma care system plan.

Sec. 17. Section 4, chapter 183, Laws of 1988 and RCW 70.168.040 are each amended to read as follows:

~~((†))~~ The emergency medical services and trauma care system trust account is hereby created in the state treasury. Moneys shall be transferred to the emergency medical services and trauma care system trust account from the public safety education account or other sources as appropriated. Disbursements shall be made by the ~~((office of financial management))~~ department subject to legislative appropriation.

~~((2) If a state-wide trauma care system is not established by June 30, 1992, funds in the account shall transfer to the highway safety fund and the account shall terminate.))~~

Sec. 18. Section 3, chapter 55, Laws of 1977 as last amended by section 1, chapter 68, Laws of 1986 and RCW 18.71.205 are each amended to read as follows:

(1) The secretary of the department of ~~((social and health services))~~ health, in conjunction with the advice and assistance of the emergency medical services licensing and certification advisory committee as prescribed in RCW 18.73.050, and the board of medical examiners, shall prescribe:

(a) Minimum standards and performance requirements for the certification and recertification of physician's trained intravenous therapy technicians, airway management technicians, and mobile intensive care paramedics; and

(b) Procedures for certification, recertification, and decertification of physician's trained intravenous therapy technicians, airway management technicians, and mobile intensive care paramedics.

(2) Initial certification shall be for a period of two years.

(3) Recertification shall be granted upon proof of continuing satisfactory performance and education, and shall be for a period of two years.

(4) As used in chapters 18.71 and 18.73 RCW, "approved medical program director" means a person who:

(a) Is licensed to practice medicine and surgery pursuant to chapter 18.71 RCW or osteopathy and surgery pursuant to chapter 18.57 RCW; and

(b) Is qualified and knowledgeable in the administration and management of emergency care and services; and

(c) Is so certified by the department of ~~((social and health services))~~ health for a county ~~((or))~~, group of counties, or cities with populations over four hundred thousand in coordination with the recommendations of the local medical community and local emergency medical services and trauma care council.

Sec. 19. Section 2, chapter 68, Laws of 1986 and RCW 18.71.212 are each amended to read as follows:

The secretary of the department of ~~((social and health services))~~ health, in conjunction with the state emergency medical services and trauma care committee, shall evaluate, certify and terminate certification of medical program directors, and prescribe minimum standards defining duties and responsibilities and performance of duties and responsibilities.

Sec. 20. Section 4, chapter 112, Laws of 1983 as amended by section 5, chapter 68, Laws of 1986 and RCW 18.71.215 are each amended to read as follows:

The department of ~~((social and health services))~~ health shall defend and hold harmless approved medical program directors, delegates, or agents for any act or omission committed or omitted in good faith in the performance of his or her duties.

Sec. 21. Section 20, chapter 214, Laws of 1987 and RCW 18.76.050 are each amended to read as follows:

The secretary with the advice of the emergency medical services and trauma care steering committee established under RCW 18.73.050 shall adopt rules, under chapter 34.05 RCW, prescribing:

- (1) Standards for the operation of a poison information center;
- (2) Standards and procedures for certification, recertification and decertification of poison center medical directors and poison information specialists; and
- (3) Standards and procedures for reciprocity with other states or national certifying agencies.

Sec. 22. Section 1, chapter 208, Laws of 1973 1st ex. sess. as last amended by section 2, chapter 104, Laws of 1988 and RCW 18.73.010 are each amended to read as follows:

The legislature finds that a state-wide program of emergency medical care is necessary to promote the health, safety, and welfare of the citizens of this state. The intent of the legislature is ~~((that the secretary of the department of social and health services develop and implement a system to promote immediate treatment for victims of motor vehicle accidents, suspected coronary illnesses, and other acute illness or trauma.~~

The legislature further recognizes that emergency medical care and transportation methods are constantly changing and conditions in the various regions of the state vary markedly. The legislature, therefore, seeks to establish a flexible method of implementation and regulation to meet those conditions)) to assure minimum standards and training for first responders and emergency medical technicians, and minimum standards for ambulance services, ambulances, aid vehicles, aid services, and emergency medical equipment.

Sec. 23. Section 3, chapter 208, Laws of 1973 1st ex. sess. as last amended by section 3, chapter 104, Laws of 1988 and RCW 18.73.030 are each amended to read as follows:

Unless a different meaning is plainly required by the context, the following words and phrases as used in this chapter shall have the meanings indicated.

- (1) "Secretary" means the secretary of the department of ~~((social and health services))~~ health.
- (2) "Department" means the department of ~~((social and health services))~~ health.
- (3) "Committee" means the emergency medical services licensing and certification advisory committee.
- (4) "Ambulance" means a ground or air vehicle designed and used to transport the ill and injured and to provide personnel, facilities, and equipment to treat patients before and during transportation.

(5) "Aid vehicle" means a vehicle used to carry aid equipment and individuals trained in first aid or emergency medical procedure.

(6) "Emergency medical technician" means a person who is authorized by the secretary to render emergency medical care pursuant to RCW 18.73.081.

(7) "Ambulance operator" means a person who owns one or more ambulances and operates them as a private business.

(8) "Ambulance director" means a person who is a director of a service which operates one or more ambulances provided by a volunteer organization or governmental agency.

(9) "Aid vehicle operator" means a person who owns one or more aid vehicles and operates them as a private business.

(10) "Aid director" means a person who is a director of a service which operates one or more aid vehicles provided by a volunteer organization or governmental agency.

(11) "Emergency (~~medical care~~ or ~~emergency~~) medical service" means (~~such~~) medical treatment and care which may be rendered at the scene of any medical emergency or while transporting any patient in an ambulance to an appropriate medical facility, including ambulance transportation between medical facilities.

(12) "Communications system" means a radio and landline network which provides rapid public access, coordinated central dispatching of services, and coordination of personnel, equipment, and facilities in an emergency medical services and trauma care system.

(13) (~~"Emergency medical services region" means a region established by the secretary of the department of social and health services pursuant to RCW 18.73.060, as now or hereafter amended.~~

~~(14))~~ "Prehospital patient care protocols" means the written procedure adopted by the emergency medical services medical program director which direct the out-of-hospital emergency care of the emergency patient which includes the trauma care patient. These procedures shall be based upon the assessment of the patient's medical needs and what treatment will be provided for ((serious)) emergency conditions. The protocols shall meet or exceed state-wide minimum standards developed by the department in rule as authorized in chapter 70.168 RCW.

~~((15))~~ (14) "Patient care (guidelines) procedures" means written operating (~~procedures~~) guidelines adopted by the (~~local or~~) regional emergency medical services and trauma care council, in consultation with the local emergency medical services and trauma care councils, emergency communication centers, and the emergency medical services medical program director (~~and may include which level of medical care personnel will be dispatched to an emergency scene, which hospital will first receive the patient and which hospitals are appropriate for transfer if necessary~~), in

accordance with state-wide minimum standards. The patient care procedures shall identify the level of medical care personnel to be dispatched to an emergency scene, procedures for triage of patients, the level of trauma care facility to first receive the patient, and the name and location of other trauma care facilities to receive the patient should an interfacility transfer be necessary. Procedures on interfacility transfer of patients shall be consistent with the transfer procedures in chapter 70.170 RCW.

~~((+6))~~ (15) "Emergency medical services medical program director" means a person who is an approved medical program director as defined by RCW 18.71.205(4).

~~((+7))~~ (16) "Council" means the local or regional emergency medical services ~~((advisory))~~ and trauma care council as authorized under chapter 70.168 RCW.

~~((+8))~~ (17) "Basic life support" means noninvasive emergency medical services requiring basic medical treatment skills as defined in chapter 18.73 RCW.

~~((+9))~~ (18) "Advanced life support" means invasive emergency medical services requiring advanced medical treatment skills as defined by chapter 18.71 RCW.

~~((20))~~ "System service area" means ~~an emergency medical service area that develops because of trade, patient catchment, market, or other factors and may include county or multicounty boundaries.~~

~~((21))~~ (19) "First responder" means a person who is authorized by the secretary to render emergency medical care as defined by RCW 18.73.081.

Sec. 24. Section 7, chapter 214, Laws of 1987 as amended by section 1, chapter 111, Laws of 1988 and RCW 18.73.081 are each amended to read as follows:

In addition to other duties prescribed by law, the secretary shall:

(1) Prescribe minimum requirements for:

(a) Ambulance, air ambulance, and aid vehicles and equipment;

(b) Ambulance and aid services; and

(c) ~~((Emergency medical communication systems))~~ Minimum emergency communication equipment;

(2) Adopt procedures for services that fail to perform in accordance with minimum requirements;

(3) Prescribe minimum standards for first responder and emergency medical technician training including:

(a) Adoption of curriculum and period of certification;

(b) Procedures for certification, recertification, decertification, or modification of certificates: PROVIDED, That there shall be no practical examination for recertification if the applicant received a passing grade on the state written examination and completed a program of ongoing training and evaluation, approved in rule by the county medical program director and the secretary;

(c) Procedures for reciprocity with other states or national certifying agencies;

(d) Review and approval or disapproval of training programs; and

(e) Adoption of standards for numbers and qualifications of instructional personnel required for first responder and emergency medical technician training programs;

~~((3)) Prescribe minimum standards for evaluating the effectiveness of emergency medical systems in the state;~~

~~(4) Adopt a format for submission of regional plans;~~

~~(5)) (4) Prescribe minimum requirements for liability insurance to be carried by licensed services except that this requirement shall not apply to public bodies; and~~

~~((6)) (5) Certify emergency medical program directors.~~

Sec. 25. Section 13, chapter 208, Laws of 1973 1st ex. sess. as last amended by section 10, chapter 214, Laws of 1987 and RCW 18.73.130 are each amended to read as follows:

An ambulance operator, ambulance director, aid vehicle operator or aid director may not operate a service in the state of Washington without holding a license for such operation, issued by the secretary when such operation is consistent with the ~~((comprehensive))~~ state-wide and regional emergency medical services and trauma care plans established pursuant to chapter 70.168 RCW ~~((18.73.070))~~, indicating the general area to be served and the number of vehicles to be used, with the following exceptions:

(1) The United States government;

(2) Ambulance operators and ambulance directors providing service in other states when bringing patients into this state;

(3) Owners of businesses in which ambulance or aid vehicles are used exclusively on company property but occasionally in emergencies may ~~((bring))~~ transport patients to hospitals not on company property; and

(4) Operators of vehicles pressed into service for transportation of patients in emergencies when licensed ambulances are not available or cannot meet overwhelming demand.

The license shall be valid for a period of three years and shall be renewed on request provided the holder has consistently complied with the regulations of the department and the department of licensing and provided also that the needs of the area served have been met satisfactorily. The license shall not be transferable.

NEW SECTION. Sec. 26. (1) No act or omission of any prehospital provider done or omitted in good faith while rendering emergency medical services in accordance with the approved regional plan shall impose any liability upon that provider.

(2) This section does not apply to the commission or omission of an act which is not within the field of the medical expertise of the provider.

(3) This section does not relieve a provider of any duty otherwise imposed by law.

(4) This section does not apply to any act or omission which constitutes gross negligence or willful or wanton misconduct.

(5) This section applies in addition to provisions already established in RCW 18.71.210.

NEW SECTION. Sec. 27. RCW 18.73.060, 18.73.073, and 18.73.085 are each recodified as sections in chapter 70.168 RCW.

NEW SECTION. Sec. 28. Section 7, chapter 208, Laws of 1973 1st ex. sess., section 5, chapter 261, Laws of 1979 ex. sess., section 5, chapter 214, Laws of 1987 and RCW 18.73.070 are each repealed.

NEW SECTION. Sec. 29. Sections 2 through 4, 8 through 11, 13, and 26 of this act are each added to chapter 70.168 RCW.

NEW SECTION. Sec. 30. If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected.

NEW SECTION. Sec. 31. This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and shall take effect immediately.

NEW SECTION. Sec. 32. If specific funding for the purposes of this act, referencing this act by bill number, is not provided by June 30, 1990, in the omnibus appropriations act, this act shall be null and void.

Passed the Senate March 3, 1990.

Passed the House March 1, 1990.

Approved by the Governor March 29, 1990.

Filed in Office of Secretary of State March 29, 1990.

CHAPTER 270

[Substitute Senate Bill No. 6190] HEAD INJURY PREVENTION

AN ACT Relating to prevention of head injuries; amending RCW 46.37.535; reenacting and amending RCW 46.37.530; adding new sections to chapter 43.70 RCW; and making an appropriation.

Be it enacted by the Legislature of the State of Washington:

NEW SECTION. Sec. 1. This act shall be known and cited as the Head Injury Prevention Act of 1990.

NEW SECTION. Sec. 2. The legislature finds that head injury is a major cause of death and disability for Washington citizens. The costs of