

ONE HUNDRED EIGHTH LEGISLATURE - FIRST SESSION - 2023
COMMITTEE STATEMENT (CORRECTED)
LB765

Hearing Date: Wednesday February 22, 2023
Committee On: Health and Human Services
Introducer: DeKay
One Liner: Change, provide, and eliminate definitions, powers, and duties under the Statewide Trauma System Act

Roll Call Vote - Final Committee Action:
Advanced to General File

Vote Results:

Aye: 7 Senators Ballard, Cavanaugh, M., Day, Hansen, B., Hardin, Riepe, Walz
Nay:
Absent:
Present Not Voting:

Testimony:

Proponents:
Senator Barry DeKay

Representing:
Introducer

Opponents:

Representing:

Neutral:

Representing:

* ADA Accommodation Written Testimony

Summary of purpose and/or changes:

LB 765 eliminates the regional trauma advisory boards and replaces them with regional trauma committees. Legislative findings are changed. DHHS duties and State Trauma Advisory Board duties are changed as well as definitions of regional medical director, specialty level burn, pediatric trauma center, state trauma medical director, trauma medical director, trauma team, and trauma system.

Sec. 1: Language is removed from the legislative findings. Specifically, the language, without regard to insurance or ability to pay and utilize the protocols established in the rules and regulations adopted under the Statewide Trauma System Act, is removed from the goal of preventing unnecessary death and disability from trauma and emergency illness.

Sec. 2: The definition of medical director is changed to only a physician licensed under the Uniform Credentialing Act. The physician will no longer be required to report to the Director of Public Health and carry out the regional plan for his/her region.

Sec. 3: The specialty level burn or pediatric trauma center is changed by removing the continuous accessibility regardless of day, season, or patient's ability to pay; and entry access from each of the designation levels as its online physician or qualified physician surrogate deems appropriate.

Sec. 4: The definition of state trauma medical director is changed to a physician advising DHHS instead of reporting to the Director of Public Health.

Sec. 5: The definition of trauma team is changed to a team of physicians, nurses, medical technicians, and other personnel compiled to respond to an acutely injured patient upon the patient's arrival at the hospital (not hospital emergency department).

Sec. 6: The definition of trauma system is changed by removing language relating to the insurance carrier or ability to pay.

Sec. 7: The language, such members, is removed from the reimbursement provisions of State Trauma Advisory Board (board) members.

Sec. 8: The duties of the board are changed by removing the review of regional trauma plans and recommending changes to DHHS before they adopt them. Also, the duty of drafting a five-year statewide plan that each trauma care region shall implement is removed.

Sec. 9: DHHS shall only maintain, but not establish, the statewide trauma system. DHHS, with the advice of the board, shall adopt and promulgate rules and regulations and develop injury prevention strategies to carry out the Act. Also, DHHS, with the advice of the board, shall identify the state and regional activities that create, operate, maintain, and enhance the statewide trauma system.

Sec. 10: DHHS duties are removed. DHHS will no longer establish and maintain recommendations for an effective trauma transportation system; the minimum number of hospitals and health care facilities that provide trauma care services; the minimum number of pre-hospital or emergency providers that provide trauma care services; a format for submission of the regional trauma plans to DHHS; review and approval of regional trauma plans; and the trauma implementation plan incorporating the regional trauma plans. DHHS shall still establish and maintain the designation of hospitals and health care facilities to provide designated trauma care services, but not in accordance with needs identified in the approved regional trauma plan.

Sec. 11: DHHS shall no longer coordinate the statewide trauma system to assure integration and smooth operation among the trauma care regions. However, DHHS will be required to facilitate coordination of the board and Board of Emergency Medical Services to advise DHHS on the development of the statewide trauma system.

Sec. 12: DHHS shall only maintain, not purchase, the statewide trauma registry to assess the effectiveness of trauma delivery and modification of standards and requirements.

Sec. 13: Designated trauma centers and rehabilitation centers requirements that all levels of centers follow federal regulation guidelines and established referral patterns are removed.

Sec. 14: Language relating to notification of regional trauma advisory boards is removed. DHHS will be required to promptly notify the regional trauma medical director, not the advisory board, of designation suspensions and revocations. Any rehabilitation or trauma center may request an administrative hearing to review a revocation or suspension action of DHHS.

Sec. 15: Language regarding the process of designating hospitals and health care facilities as trauma centers and revocations is revised. Language allowing DHHS to coordinate the joint consideration of medical facility requests for designation of more than one service is removed.

Sec. 16: The board shall establish a committee for each trauma region to maintain a trauma system quality assurance program. The regional medical director is required to participate in the program.

Sec. 17: Repeal section

Sec. 18: Outright repeals:

Communications system definition

Emergency medical services/trauma plan definition

Interfacility or intra-facility transfer and bypass definition

Online physician or qualified physician surrogate definition

State Trauma Cash Fund

DHHS duties relating to regional trauma system

Regional trauma advisory boards

Physician medical director definition

Qualified physician surrogate definition
