CHAPTER 253

HEALTH AND ENVIRONMENT

SENATE BILL 95-076

BY SENATORS Wham, Bishop, Casey, Dennis, Feeley, Gallagher, Hopper, Johnson, Mares, Martinez, Matsunaka, Meiklejohn, Pascoe, L. Powers, Rizzuto, Rupert, Schroeder, Tanner, Thiebaut, Wedding, and Weissmann;
also REPRESENTATIVES Entz, Chavez, Chlouber, DeGette, Friednash, Gordon, Hagedorn, Hernandez, Kerns, Knox, Nichol, Reeves, and Tucker.

AN ACT

CONCERNING THE PROVISION OF EMERGENCY MEDICAL-TRAUMA CARE THROUGHOUT THE STATE, AND MAKING AN APPROPRIATION IN CONNECTION THEREWITH.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. Part 1 of article 3.5 of title 25, Colorado Revised Statutes, 1989 Repl. Vol., as amended, is amended BY ADDITION OF THE FOLLOWING NEW SECTIONS to read:

25-3.5-104.3. State trauma advisory council - duties. (1) (a) THERE IS HEREBY CREATED, IN THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, THE STATE ADVISORY COUNCIL ON TRAUMA SERVICES, REFERRED TO IN THIS ARTICLE AS THE "TRAUMA COUNCIL". THE TRAUMA COUNCIL SHALL CONSIST OF FIFTEEN MEMBERS, OF WHICH ELEVEN SHALL BE APPOINTED BY THE GOVERNOR NO LATER THAN JANUARY 1, 1996, AND FOUR SHALL BE EX OFFICIO NONVOTING MEMBERS. NOT MORE THAN SIX OF THE APPOINTED MEMBERS OF THE TRAUMA COUNCIL SHALL BE MEMBERS OF THE SAME MAJOR POLITICAL PARTY.

(b) THE COUNCIL SHALL CONSIST OF THE FOLLOWING APPOINTED MEMBERS:

(I) FIVE PHYSICIANS, TWO OF WHOM SHALL BE SURGEONS INVOLVED IN TRAUMA CARE, ONE OF WHOM SHALL BE A SURGEON INVOLVED IN PROVIDING TRAUMA CARE AT A LEVEL I FACILITY, AS SUCH TERM IS DESCRIBED IN SECTION 25-3.5-703 (4) (e), AND TWO OF WHOM SHALL BE EMERGENCY MEDICAL PHYSICIANS INVOLVED IN PREHOSPITAL CARE. OF THE FIVE PHYSICIANS, AT LEAST ONE SHALL BE BOARD-CERTIFIED IN PEDIATRICS OR A PEDIATRICS SUBSPECIALTY.

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

(II) TWO HOSPITAL ADMINISTRATORS, ONE OF WHOM SHALL REPRESENT A RURAL AREA OF THE STATE AND ONE WHO SHALL REPRESENT AN URBAN AREA OF THE STATE;

(III) TWO TRAUMA NURSES, AT LEAST ONE OF WHOM WORKS AS A TRAUMA COORDINATOR;

(IV) ONE REPRESENTATIVE OF COUNTY GOVERNMENT; AND

(V) ONE REPRESENTATIVE OF THE PUBLIC.

(c) THE FOLLOWING SHALL BE THE EX OFFICIO NONVOTING MEMBERS OF THE COUNCIL:

(I) A REPRESENTATIVE OF THE STATE CORONER'S ASSOCIATION, AS SELECTED BY THE ASSOCIATION;

(II) A REPRESENTATIVE OF THE EMS COUNCIL AS SELECTED BY THE COUNCIL;

(III) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, OR SUCH DIRECTOR'S DESIGNEE; AND

(IV) THE DIRECTOR OF THE DIVISION OF TELECOMMUNICATIONS IN THE DEPARTMENT OF ADMINISTRATION, OR SUCH DIRECTOR'S DESIGNEE.

(2) (a) THE APPOINTED MEMBERS OF THE TRAUMA COUNCIL SHALL SERVE FOR TERMS OF THREE YEARS EACH, BUT, OF THE MEMBERS FIRST APPOINTED, FOUR SHALL BE APPOINTED FOR TERMS OF ONE YEAR, FOUR SHALL BE APPOINTED FOR TERMS OF TWO YEARS, AND THREE SHALL BE APPOINTED FOR TERMS OF THREE YEARS. THE GOVERNOR SHALL FILL ANY VACANCY BY APPOINTMENT FOR THE REMAINDER OF THE UNEXPIRED TERM. ANY APPOINTED MEMBER WHO FAILS TO ATTEND TWO UNEXCUSED CONSECUTIVE MEETINGS OF THE TRAUMA COUNCIL SHALL BE DEEMED TO HAVE VACATED THE MEMBERSHIP, AND THE GOVERNOR SHALL FILL SUCH VACANCY AS PROVIDED IN THIS SUBSECTION (2).

(b) APPOINTED MEMBERS OF THE TRAUMA COUNCIL SHALL BE REIMBURSED FOR TRAVEL EXPENSES INCURRED IN THE ACTUAL PERFORMANCE OF THEIR DUTIES. ALL VOUCHERS FOR EXPENDITURES SHALL BE APPROVED BY THE DIRECTOR.

(3) THE TRAUMA COUNCIL SHALL MEET AT LEAST QUARTERLY AT THE CALL OF THE CHAIR OR AT THE REQUEST OF ANY FOUR MEMBERS. AT THE FIRST MEETING AFTER THE APPOINTMENT OF NEW MEMBERS, THE MEMBERS SHALL ELECT A CHAIR WHO SHALL SERVE FOR A TERM OF ONE YEAR.

(4) THE TRAUMA COUNCIL SHALL:

(a) ADVISE THE DEPARTMENT ON ALL MATTERS RELATING TO TRAUMA SERVICES PROGRAMS;

(b) IDENTIFY AND MAKE RECOMMENDATIONS TO THE BOARD CONCERNING STATEWIDE TRAUMA SERVICES NEEDS;

(c) MAKE RECOMMENDATIONS TO THE BOARD CONCERNING THE DEVELOPMENT AND IMPLEMENTATION OF A STATEWIDE TRAUMA CARE SYSTEM;

(d) ADVISE THE DEPARTMENT IN THE PLANNING AND IMPLEMENTATION OF A STATEWIDE TRAUMA CARE SYSTEM;

(e) MAKE RECOMMENDATIONS CONCERNING GUIDELINES AND STANDARDS FOR THE DELIVERY OF TRAUMA SERVICES;

(f) FOSTER AND ENCOURAGE PROGRAMS IN THE INTEREST OF IMPROVING TREATMENT OF AND OUTCOMES FOR TRAUMA VICTIMS, INCLUDING INJURY PREVENTION PROGRAMS;

(g) SEEK ADVICE AND COUNSEL FROM OTHER INDIVIDUALS, GROUPS, ORGANIZATIONS, OR ASSOCIATIONS WHEN, IN THE JUDGMENT OF THE TRAUMA COUNCIL, SUCH IS ADVISABLE TO OBTAIN NECESSARY EXPERTISE FOR THE PURPOSE OF MEETING ITS RESPONSIBILITY UNDER THIS ARTICLE. THE TRAUMA COUNCIL IS AUTHORIZED TO ESTABLISH SPECIAL AD HOC COMMITTEES FOR THE FUNCTIONS DESCRIBED IN THIS PARAGRAPH (g);

(h) REVIEW AND MAKE RECOMMENDATIONS TO THE DEPARTMENT CONCERNING THE ALLOCATION AND EXPENDITURE OF FUNDS IN THIS STATE FOR TRAUMA SERVICES;

(i) MAKE RECOMMENDATIONS TO THE BOARD REGARDING RULES ADOPTED IN ACCORDANCE WITH PART 7 OF THIS ARTICLE;

(j) MAKE RECOMMENDATIONS TO THE DEPARTMENT CONCERNING THE DESIGNATION OF FACILITIES AS TRAUMA FACILITIES PURSUANT TO THE VERIFICATION PROCESS AS DEFINED IN SECTION 25-3.5-703 (13).

25-3.5-104.5. Joint advisory council - duties. (1) THERE IS HEREBY CREATED THE JOINT EMS-TRAUMA ADVISORY COUNCIL, HEREAFTER REFERRED TO AS THE JOINT COUNCIL, WHICH SHALL CONSIST OF THREE REPRESENTATIVES FROM THE EMS COUNCIL AND THREE REPRESENTATIVES FROM THE TRAUMA COUNCIL. AT THE FIRST MEETING OF THE EMS COUNCIL AND THE TRAUMA COUNCIL FOLLOWING APPOINTMENT OF NEW MEMBERS, EACH SHALL SELECT ITS REPRESENTATIVES TO THE JOINT EMS-TRAUMA COUNCIL WHO SHALL SERVE FOR TERMS OF UP TO TWO YEARS.

(2) THE JOINT COUNCIL SHALL:

(a) COORDINATE ISSUES THAT ARISE BETWEEN THE EMS COUNCIL AND THE TRAUMA COUNCIL PRIOR TO PRESENTATION OF RECOMMENDATIONS BY EACH COUNCIL TO THE DEPARTMENT OR THE BOARD;

(b) DEVELOP A PLAN FOR CONSOLIDATION OF THE EMS COUNCIL AND THE TRAUMA COUNCIL, INCLUDING COMPOSITION OF THE CONSOLIDATED COUNCIL AND ITS DUTIES, BY NOVEMBER 1, 1996. THE JOINT COUNCIL SHALL RECOMMEND LEGISLATION TO THE BOARD TO ACCOMPLISH SUCH CONSOLIDATION BY DECEMBER 1, 1996.

SECTION 2. 25-3.5-104 (1), (2), and (3), the introductory portion to 25-3.5-104 (4), and 25-3.5-104 (4) (f), (4) (g), and (5), as amended, are amended to read:

25-3.5-104. State advisory EMS council - duties. (1) There is hereby created, in the department of public health and environment, a state advisory council on emergency medical services, referred to in this article as the ~~"council"~~ "EMS COUNCIL", to be composed of seventeen members appointed by the governor, at least one of whom shall be from each of the planning and management regions established by executive proclamation. Of the seventeen members of the ~~council~~ EMS COUNCIL, one shall be a medical doctor actively involved in emergency medical services, one shall be a registered professional nurse actively involved in emergency medical services, one shall be a hospital administrator, one shall represent volunteer ambulance services, one shall represent ambulance services with full-time, paid personnel, one shall represent rescue units, one shall be a fire chief involved in emergency medical services, and six shall be consumers, representative of the public at large, one of whom shall be from each congressional district. A vacancy on the ~~council~~ EMS COUNCIL occurs whenever a consumer member moves out of the congressional district from which ~~he~~ A CONSUMER MEMBER was appointed. A consumer member who moves out of such congressional district shall promptly notify the governor of the date of such move, but such notice is not a condition precedent to the occurrence of the vacancy. The governor shall fill the vacancy as provided in subsection (2) of this section. Not more than nine members of the ~~council~~ EMS COUNCIL shall be members of the same major political party. Appointments made to take effect on January 1, 1983, shall be made in accordance with section 24-1-135, C.R.S. Ex officio members, who shall have no vote, shall be the director of the office of emergency management in the division of local government in the department of local affairs, the vice-president of the university of Colorado medical center, the executive director of the department of public health and environment, and the director of the office of transportation safety in the department of transportation, or their respective designees.

(2) Members of the ~~council~~ EMS COUNCIL shall serve for terms of three years each; but, of the members first appointed, five shall be appointed for terms of one year, five shall be appointed for terms of two years, and five shall be appointed for terms of three years. Members of the ~~council~~ EMS COUNCIL shall be reimbursed for actual and necessary expenses incurred in the actual performance of their duties. All vouchers for expenditures shall be approved by the director. A vacancy shall be filled by appointment for the remainder of the unexpired term. Any member who fails to attend two consecutive meetings of the ~~council~~ EMS COUNCIL shall be deemed to have vacated ~~his~~ THE membership, and the governor shall fill such vacancy as provided in this subsection (2).

(3) The ~~council~~ EMS COUNCIL shall meet at least quarterly at the call of the chairman or at the request of any six members. At the first meeting after the appointment of new members, the members shall elect a chairman who shall serve for a term of one year.

(4) The ~~council~~ EMS COUNCIL shall:

~~(f) Foster and encourage programs in the interest of approved care and treatment of victims of trauma and critical illness;~~

(g) Seek advice and counsel up to and including establishing special ad hoc committees with other individual groups, organizations, or associations when in the

judgment of the ~~council~~ EMS COUNCIL such is advisable to obtain necessary expertise for the purpose of meeting their responsibility under this article;

(5) Any action taken by the department pursuant to the powers granted thereto by the provisions of this article shall be reviewable by the ~~council~~ EMS COUNCIL upon the petition of any party aggrieved thereby, and said action shall be overturned, after notice and hearing, upon a two-thirds vote of the ~~council~~ EMS COUNCIL.

SECTION 3. Part 7 of article 3.5 of title 25, Colorado Revised Statutes, 1989 Repl. Vol., as amended, is REPEALED AND REENACTED, WITH AMENDMENTS, to read:

PART 7

STATEWIDE TRAUMA CARE SYSTEM

25-3.5-701. Short title. THIS PART 7 SHALL BE KNOWN AND MAY BE CITED AS THE "STATEWIDE TRAUMA CARE SYSTEM ACT".

25-3.5-702. Legislative declaration. (1) THE GENERAL ASSEMBLY HEREBY FINDS AND DECLARES THAT TRAUMA IS THE GREATEST SINGLE CAUSE OF DEATH AND DISABILITY IN COLORADO FOR PERSONS UNDER THE AGE OF FORTY-FIVE YEARS AND THAT TRAUMA CARE IS A UNIQUE TYPE OF EMERGENCY MEDICAL SERVICE.

(2) THE GENERAL ASSEMBLY FURTHER FINDS THAT A TRAUMA SYSTEM TASK FORCE MADE UP OF VARIOUS EMERGENCY HEALTH AND TRAUMA CARE ENTITIES SUBMITTED A REPORT TO THE GENERAL ASSEMBLY IN 1993 INDICATING A COMPELLING NEED TO DEVELOP AND IMPLEMENT A STATEWIDE TRAUMA CARE SYSTEM IN ORDER TO ASSURE THAT APPROPRIATE RESOURCES ARE AVAILABLE TO TRAUMA VICTIMS FROM THE POINT OF INJURY THROUGH REHABILITATIVE CARE. IN ADDITION, A STATEWIDE SYSTEM IS ESSENTIAL TO PROVIDE COLORADO RESIDENTS AND VISITORS WITH A GREATER PROBABILITY OF SURVIVING A LIFE-THREATENING INJURY AND TO REDUCE TRAUMA-RELATED MORBIDITY AND MORTALITY IN THIS STATE.

(3) THE GENERAL ASSEMBLY, THEREFORE, DECLARES THAT IT IS NECESSARY TO ENACT LEGISLATION DIRECTING THE BOARD OF HEALTH TO ADOPT RULES THAT GOVERN THE IMPLEMENTATION AND OVERSIGHT OF THE TRAUMA CARE SYSTEM. THE GENERAL ASSEMBLY FURTHER DECLARES THAT TO ENSURE THE AVAILABILITY AND COORDINATION OF RESOURCES NECESSARY TO PROVIDE ESSENTIAL CARE, IT IS NECESSARY TO ENACT LEGISLATION THAT DIRECTS THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT TO COLLABORATE WITH EXISTING AGENCIES AND ORGANIZATIONS, INCLUDING GOVERNING BODIES FOR COUNTIES AND CITIES AND COUNTIES, IN IMPLEMENTING AND MONITORING A STATEWIDE TRAUMA CARE SYSTEM.

25-3.5-703. Definitions. AS USED IN THIS ARTICLE, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(1) "AREA TRAUMA ADVISORY COUNCIL" OR "ATAC" MEANS THE REPRESENTATIVE BODY APPOINTED BY THE GOVERNING BODY OF COUNTIES AND CITIES AND COUNTIES FOR THE PURPOSE OF PROVIDING RECOMMENDATIONS CONCERNING AREA TRAUMA PLANS FOR THE COUNTIES AND CITIES AND COUNTIES THROUGHOUT THE STATE.

(2) "BOARD" MEANS THE STATE BOARD OF HEALTH.

(3) "COLORADO TRAUMA INSTITUTE" MEANS A COLORADO CORPORATION ESTABLISHED IN 1983 FOR THE PURPOSE OF IMPROVING TRAUMA CARE THROUGHOUT THE STATE.

(4) "DESIGNATION" MEANS THE PROCESS UNDERTAKEN BY THE DEPARTMENT TO ASSIGN A STATUS TO A HEALTH CARE FACILITY BASED ON THE LEVEL OF TRAUMA SERVICES THE FACILITY IS CAPABLE OF AND COMMITTED TO PROVIDING TO INJURED PERSONS. FACILITIES MAY BE DESIGNATED AT ONE OF THE FOLLOWING LEVELS:

(a) NONDESIGNATED, WHICH IS FOR FACILITIES THAT DO NOT MEET THE CRITERIA REQUIRED FOR LEVEL I TO IV FACILITIES, BUT THAT RECEIVE AND ARE ACCOUNTABLE FOR INJURED PERSONS, WHICH ACCOUNTABILITY INCLUDES HAVING A TRANSFER AGREEMENT TO TRANSFER PERSONS TO LEVEL I TO IV FACILITIES AS APPROPRIATE;

(b) LEVEL IV, WHICH IS FOR BASIC TRAUMA CARE, INCLUDING RESUSCITATION, STABILIZATION, AND ARRANGEMENT FOR APPROPRIATE TRANSFER OF PERSONS REQUIRING A HIGHER LEVEL OF CARE BASED UPON PATIENT CRITICALITY AND TRIAGE PRACTICES WITHIN EACH FACILITY, WHICH ARE CONSISTENT WITH TRIAGE CRITERIA AND TRANSPORT PROTOCOLS AS RECOMMENDED BY THE STATEWIDE TRAUMA COUNCIL AND ADOPTED BY THE BOARD. THESE FACILITIES MUST TRANSFER APPROPRIATE PATIENTS TO A HIGHER LEVEL FACILITY WITHIN THEIR OWN REGION OR TO A HIGHER LEVEL FACILITY IN ANOTHER REGION, AS DESCRIBED IN PARAGRAPHS (d) AND (e) OF THIS SUBSECTION (4).

(c) LEVEL III, WHICH IS FOR GENERAL TRAUMA CARE, INCLUDING RESUSCITATION, STABILIZATION, AND ASSESSMENT OF INJURED PERSONS, AND EITHER THE PROVISION OF CARE FOR THE INJURED PERSON OR ARRANGEMENT FOR APPROPRIATE TRANSFER BASED UPON PATIENT CRITICALITY AND TRIAGE PRACTICES WITHIN EACH FACILITY, WHICH ARE CONSISTENT WITH TRIAGE CRITERIA AND TRANSPORT PROTOCOLS AS RECOMMENDED BY THE STATEWIDE TRAUMA COUNCIL AND ADOPTED BY THE BOARD. THE FACILITIES MUST TRANSFER APPROPRIATE PATIENTS TO A HIGHER LEVEL FACILITY WITHIN ITS OWN REGION OR TO A HIGHER LEVEL FACILITY IN ANOTHER REGION, AS DESCRIBED IN PARAGRAPHS (d) AND (e) OF THIS SUBSECTION (4).

(d) LEVEL II, WHICH IS FOR MAJOR TRAUMA CARE BASED UPON PATIENT CRITICALITY AND TRIAGE PRACTICES WITHIN EACH FACILITY, WHICH ARE CONSISTENT WITH TRIAGE CRITERIA AND TRANSPORT PROTOCOLS AS RECOMMENDED BY THE STATEWIDE TRAUMA COUNCIL AND ADOPTED BY THE BOARD. THIS TYPE OF FACILITY MAY SERVE AS A RESOURCE FOR LOWER LEVEL FACILITIES WHEN A LEVEL I FACILITY, AS DESCRIBED IN PARAGRAPH (e) OF THIS SUBSECTION (4), IS NOT AVAILABLE WITHIN ITS REGION, BUT IT IS NOT A FACILITY REQUIRED TO CONDUCT RESEARCH OR PROVIDE COMPREHENSIVE SERVICES THROUGH SUBSPECIALTY UNITS SUCH AS, BUT NOT LIMITED TO, BURN UNITS, SPINAL CORD INJURY CENTERS, EYE TRAUMA CENTERS, AND REINPLANTATION CENTERS.

(e) LEVEL I, WHICH IS FOR COMPREHENSIVE TRAUMA CARE, INCLUDING THE ACUTE MANAGEMENT OF THE MOST SEVERELY INJURED PATIENTS, WHICH IS A FACILITY THAT MAY SERVE AS THE ULTIMATE RESOURCE FOR LOWER LEVEL FACILITIES OR AS THE KEY RESOURCE FACILITY FOR A TRAUMA AREA AND WHICH IS A FACILITY THAT PROVIDES

EDUCATION IN TRAUMA-RELATED AREAS FOR HEALTH CARE PROFESSIONALS AND PERFORMS TRAUMA RESEARCH.

(5) "EMS COUNCIL" MEANS THE EMERGENCY MEDICAL SERVICES COUNCIL CREATED BY SECTION 25-3.5-104.

(6) "INTERFACILITY TRANSFER" MEANS THE MOVEMENT OF A TRAUMA VICTIM FROM ONE FACILITY TO ANOTHER.

(6.5) "KEY RESOURCE FACILITY" MEANS A LEVEL I OR LEVEL II CERTIFIED TRAUMA FACILITY THAT PROVIDES CONSULTATION AND TECHNICAL ASSISTANCE TO AN ATAC, AS SUCH TERM IS DEFINED IN SUBSECTION (1) OF THIS SECTION, REGARDING EDUCATION, QUALITY, TRAINING, COMMUNICATION, AND OTHER TRAUMA ISSUES DESCRIBED IN THIS PART 7 THAT RELATE TO THE DEVELOPMENT OF THE STATEWIDE TRAUMA CARE SYSTEM.

(7) "STATE TRAUMA ADVISORY COUNCIL" OR "TRAUMA COUNCIL" MEANS THE STATE ADVISORY COUNCIL CREATED BY SECTION 25-3.5-104.3.

(8) "STATEWIDE TRAUMA REGISTRY" MEANS A STATEWIDE DATA BASE OF INFORMATION CONCERNING INJURED PERSONS AND LICENSED FACILITIES RECEIVING INJURED PERSONS, WHICH INFORMATION IS USED TO EVALUATE AND IMPROVE THE QUALITY OF PATIENT MANAGEMENT AND CARE AND THE QUALITY OF TRAUMA EDUCATION, RESEARCH, AND INJURY PREVENTION PROGRAMS. THE DATA BASE INTEGRATES MEDICAL AND TRAUMA SYSTEMS INFORMATION RELATED TO PATIENT DIAGNOSIS AND PROVISION OF CARE. SUCH INFORMATION INCLUDES EPIDEMIOLOGIC AND DEMOGRAPHIC INFORMATION.

(9) "TRAUMA" MEANS AN INJURY OR WOUND TO A LIVING PERSON CAUSED BY THE APPLICATION OF AN EXTERNAL FORCE OR BY VIOLENCE. TRAUMA INCLUDES ANY SERIOUS LIFE-THREATENING OR LIMB-THREATENING SITUATIONS.

(10) "TRAUMA CARE SYSTEM" MEANS AN ORGANIZED APPROACH TO PROVIDING QUALITY AND COORDINATED CARE TO TRAUMA VICTIMS THROUGHOUT THE STATE ON A TWENTY-FOUR-HOUR PER DAY BASIS BY TRANSPORTING A TRAUMA VICTIM TO THE APPROPRIATE TRAUMA DESIGNATED FACILITY.

(11) "TRAUMA TRANSPORT PROTOCOLS" MEANS WRITTEN STANDARDS ADOPTED BY THE BOARD THAT ADDRESS THE USE OF APPROPRIATE RESOURCES TO MOVE TRAUMA VICTIMS FROM ONE LEVEL OF CARE TO ANOTHER ON A CONTINUUM OF CARE.

(12) "TRIAGE" MEANS THE ASSESSMENT AND CLASSIFICATION OF AN INJURED PERSON IN ORDER TO DETERMINE THE SEVERITY OF TRAUMA INJURY AND TO PRIORITIZE CARE FOR THE INJURED PERSON.

(13) "VERIFICATION PROCESS" MEANS A PROCEDURE TO EVALUATE A FACILITY'S COMPLIANCE WITH TRAUMA CARE STANDARDS ESTABLISHED BY THE BOARD AND TO MAKE RECOMMENDATIONS TO THE DEPARTMENT CONCERNING THE DESIGNATION OF A FACILITY.

25-3.5-704. Statewide trauma care system - development and

implementation - duties of the department - rules adopted by board. (1) THE DEPARTMENT SHALL DEVELOP, IMPLEMENT, AND MONITOR A STATEWIDE TRAUMA CARE SYSTEM IN ACCORDANCE WITH THE PROVISIONS OF THIS PART 7 AND WITH RULES ADOPTED BY THE STATE BOARD. THE SYSTEM SHALL BE IMPLEMENTED STATEWIDE NO LATER THAN JULY 1, 1997. IN ADDITION, THE BOARD SHALL COOPERATE WITH THE DEPARTMENT OF ADMINISTRATION IN ADOPTING CRITERIA FOR ADEQUATE COMMUNICATIONS SYSTEMS THAT COUNTIES SHALL BE REQUIRED TO IDENTIFY IN AREA TRAUMA PLANS IN ACCORDANCE WITH SUBSECTION (2) OF THIS SECTION. PURSUANT TO SECTION 24-50-504 (2), C.R.S., THE DEPARTMENT MAY CONTRACT WITH ANY PUBLIC OR PRIVATE ENTITY IN PERFORMING ANY OF ITS DUTIES CONCERNING EDUCATION, THE STATEWIDE TRAUMA REGISTRY, AND THE VERIFICATION PROCESS AS SET FORTH IN THIS PART 7.

(2) THE BOARD SHALL ADOPT RULES ON OR BEFORE JULY 1, 1997, FOR THE STATEWIDE TRAUMA CARE SYSTEM, INCLUDING BUT NOT LIMITED TO THE FOLLOWING:

(a) **Minimum services in rendering patient care.** THESE RULES ENSURE THE APPROPRIATE ACCESS THROUGH DESIGNATED CENTERS TO THE FOLLOWING MINIMUM SERVICES:

(I) PREHOSPITAL CARE;

(II) HOSPITAL CARE;

(III) REHABILITATIVE CARE;

(IV) INJURY PREVENTION;

(V) DISASTER MEDICAL CARE;

(VI) EDUCATION AND RESEARCH; AND

(VII) TRAUMA COMMUNICATIONS.

(b) **Transport protocols.** THE BOARD SHALL SET FORTH TRAUMA TRANSPORT PROTOCOLS IN THESE RULES, WHICH INCLUDE BUT ARE NOT LIMITED TO A REQUIREMENT THAT A FACILITY THAT RECEIVES AN INJURED PERSON PROVIDE THE APPROPRIATE AVAILABLE CARE, WHICH MAY INCLUDE STABILIZING AN INJURED PERSON BEFORE TRANSFERRING THAT PERSON TO THE APPROPRIATE FACILITY BASED ON THE PERSON'S INJURY. THESE RULES ENSURE THAT WHEN THE MOST APPROPRIATE TRAUMA FACILITY FOR AN INJURED PERSON IS NOT EASILY ACCESSIBLE IN AN AREA, THAT PERSON WILL BE TRANSFERRED AS SOON AS MEDICALLY FEASIBLE TO THE NEAREST APPROPRIATE FACILITY, WHICH MAY BE IN OR OUT OF THE STATE. THESE RULES SHALL CONFORM WITH APPLICABLE FEDERAL LAW GOVERNING THE TRANSFER OF PATIENTS.

(c) **Area trauma advisory councils - plans established - process.** (I) THESE RULES PROVIDE FOR THE IMPLEMENTATION OF AREA TRAUMA PLANS THAT DESCRIBE METHODS FOR PROVIDING THE APPROPRIATE SERVICE AND CARE TO PERSONS INJURED IN AREAS INCLUDED UNDER AN AREA TRAUMA PLAN. IN THESE RULES, THE BOARD SHALL SPECIFY THAT:

(A) ON OR BEFORE JULY 1, 1997, THE GOVERNING BODY OF EACH COUNTY OR CITY AND COUNTY THROUGHOUT THE STATE SHALL ESTABLISH AN AREA TRAUMA ADVISORY COUNCIL (ATAC). THE GOVERNING BODY OF A COUNTY MAY AGREE WITH THE GOVERNING BODY OF ONE OR MORE OTHER COUNTIES, OR WITH THE GOVERNING BODY OF A CITY AND COUNTY, TO FORM A MULTICOUNTY ATAC. THE NUMBER OF MEMBERS ON AN ATAC SHALL NOT EXCEED ELEVEN, BUT AT A MINIMUM AN ATAC SHALL CONSIST OF THE FOLLOWING MEMBERS: A SURGEON INVOLVED IN TRAUMA CARE; A LICENSED PHYSICIAN INVOLVED IN PROVIDING EMERGENCY TRAUMA OR MEDICAL SERVICES; A LICENSED NURSE; A FACILITY ADMINISTRATOR; A PREHOSPITAL CARE PROVIDER; A REPRESENTATIVE FROM A KEY RESOURCE FACILITY FOR THE AREA AS SUCH FACILITY IS DESCRIBED IN SUBPARAGRAPH (II) OF PARAGRAPH (e) OF THIS SUBSECTION (2); AND A REPRESENTATIVE OF LOCAL GOVERNMENT AS DESIGNATED BY THE LOCAL GOVERNING BODY OR BODIES WITHIN THE AREA. IN ESTABLISHING AN ATAC, THE GOVERNING BODY SHALL OBTAIN INPUT FROM HEALTH CARE FACILITIES AND PROVIDERS WITHIN THE AREA TO BE SERVED BY THE ATAC. IF THE GOVERNING BODY FOR A COUNTY OR CITY AND COUNTY FAILS TO ESTABLISH AN ATAC BY THE DATE SPECIFIED IN THIS SUB-SUBPARAGRAPH (A), THE DEPARTMENT SHALL DESIGNATE AN ESTABLISHED ATAC TO SERVE AS THAT COUNTY'S OR CITY AND COUNTY'S ATAC.

(B) ON AND AFTER JANUARY 1, 1998, BUT NO LATER THAN JULY 1, 1998, AFTER OBTAINING INPUT FROM ITS ATAC, THE GOVERNING BODY FOR A SINGLE COUNTY OR CITY AND COUNTY OR THE GOVERNING BODIES FOR A MULTICOUNTY ATAC SHALL SUBMIT AN AREA TRAUMA PLAN FOR APPROVAL BY THE DEPARTMENT. IF THE GOVERNING BODY FOR A COUNTY OR CITY AND COUNTY FAILS TO SUBMIT A PLAN, IF A COUNTY OR CITY AND COUNTY IS NOT INCLUDED IN A MULTICOUNTY PLAN, OR, A COUNTY, CITY AND COUNTY, OR MULTICOUNTY PLAN IS NOT APPROVED PURSUANT TO A PROCEDURE ESTABLISHED BY THE BOARD FOR APPROVING PLANS, THE DEPARTMENT SHALL DESIGN A PLAN FOR THE COUNTY, CITY AND COUNTY, OR MULTICOUNTY AREA.

(II) IN ADDITION TO ANY ISSUES THE BOARD REQUIRES TO BE ADDRESSED, EVERY AREA TRAUMA PLAN SHALL ADDRESS THE FOLLOWING ISSUES:

(A) THE PROVISION OF MINIMUM SERVICES AND CARE AT THE MOST APPROPRIATE FACILITIES IN RESPONSE TO THE FOLLOWING FACTORS: FACILITY-ESTABLISHED TRIAGE AND TRANSPORT PLANS; INTERFACILITY TRANSFER AGREEMENTS; GEOGRAPHICAL BARRIERS; POPULATION DENSITY; EMERGENCY MEDICAL SERVICES AND TRAUMA CARE RESOURCES; AND ACCESSIBILITY TO DESIGNATED FACILITIES;

(B) THE LEVEL OF COMMITMENT OF COUNTIES AND CITIES AND COUNTIES UNDER AN AREA TRAUMA PLAN TO COOPERATE IN THE DEVELOPMENT AND IMPLEMENTATION OF A STATEWIDE COMMUNICATIONS SYSTEM AND THE STATEWIDE TRAUMA CARE SYSTEM;

(C) THE METHODS FOR ENSURING FACILITY AND COUNTY OR CITY AND COUNTY ADHERENCE TO THE AREA TRAUMA PLAN, COMPLIANCE WITH BOARD RULES AND PROCEDURES, AND COMMITMENT TO THE CONTINUING QUALITY IMPROVEMENT SYSTEM DESCRIBED IN PARAGRAPH (h) OF THIS SUBSECTION (2);

(D) A DESCRIPTION OF PUBLIC INFORMATION, EDUCATION, AND PREVENTION PROGRAMS TO BE PROVIDED FOR THE AREA;

(E) A DESCRIPTION OF THE FUNCTIONS THAT WILL BE CONTRACTED SERVICES; AND

(F) THE IDENTIFICATION OF AREA TRAUMA NEEDS THROUGH THE USE OF A NEEDS ASSESSMENT INSTRUMENT DEVELOPED BY THE DEPARTMENT; EXCEPT THAT THE USE OF SUCH INSTRUMENT SHALL BE SUBJECT TO APPROVAL BY THE COUNTY OR COUNTIES INCLUDED IN AN ATAC.

(III) THE BOARD SHALL SPECIFY IN AREA TRAUMA PLAN RULES THE TIME FRAMES FOR APPROVING AREA TRAUMA PLANS AND FOR RESUBMITTING PLANS, AS WELL AS THE NUMBER OF TIMES AREA TRAUMA PLANS MAY BE RESUBMITTED BY A GOVERNING BODY BEFORE THE DEPARTMENT DESIGNS AN AREA TRAUMA PLAN FOR A COUNTY, CITY AND COUNTY, OR MULTICOUNTY AREA.

(d) **Designation of facilities.** THE DESIGNATION RULES SHALL PROVIDE THAT ON AND AFTER JULY 1, 1997, EVERY FACILITY IN THIS STATE REQUIRED TO BE LICENSED IN ACCORDANCE WITH ARTICLE 3 OF THIS TITLE AND THAT RECEIVES AMBULANCE PATIENTS SHALL PARTICIPATE IN THE STATEWIDE TRAUMA CARE SYSTEM. ON OR AFTER JULY 1, 1997, AND NO LATER THAN JANUARY 1, 1998, EACH SUCH FACILITY SHALL SUBMIT AN APPLICATION TO THE DEPARTMENT REQUESTING DESIGNATION AS A SPECIFIC LEVEL TRAUMA FACILITY OR REQUESTING NONDESIGNATION STATUS. A FACILITY THAT IS GIVEN NONDESIGNATED STATUS SHALL NOT REPRESENT THAT IT IS A DESIGNATED FACILITY, AS PROHIBITED IN SECTION 25-3.5-707. THE BOARD SHALL INCLUDE PROVISIONS FOR THE FOLLOWING:

(I) THE CRITERIA TO BE APPLIED FOR DESIGNATING FACILITIES BASED ON LEVEL OF CARE CAPABILITY PROVIDING TRAUMA CARE. IN ESTABLISHING SUCH CRITERIA, THE BOARD SHALL TAKE INTO CONSIDERATION RECOGNIZED NATIONAL STANDARDS INCLUDING, BUT NOT LIMITED TO, STANDARDS ON TRAUMA RESOURCES FOR OPTIMAL CARE OF THE INJURED PATIENT ADOPTED BY THE AMERICAN COLLEGE OF SURGEONS' COMMITTEE AND THE GUIDELINES FOR TRAUMA CARE SYSTEMS ADOPTED BY THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS;

(II) A VERIFICATION PROCESS;

(III) THE LENGTH OF A DESIGNATION PERIOD;

(IV) THE PROCESS FOR EVALUATING, REVIEWING, AND DESIGNATING FACILITIES, INCLUDING THE CONTINUED REVIEW OF DESIGNATED FACILITIES. FOR THE PURPOSES OF THIS SECTION, A TRAUMA CENTER THAT HAD BEEN CERTIFIED UNDER THE SYSTEM OF CERTIFICATION AND RECERTIFICATION THROUGH THE COLORADO TRAUMA INSTITUTE ON OR BEFORE JULY 1, 1997, SHALL CONTINUE TO BE DESIGNATED A TRAUMA FACILITY AT THE SAME LEVEL SO CERTIFIED ONLY FOR THE DESIGNATION PERIOD ESTABLISHED PURSUANT TO SUBPARAGRAPH (III) OF THIS PARAGRAPH (d). AFTER THAT TIME, THE FACILITY SHALL BE SUBJECT TO REVIEW EVERY THREE YEARS IN ACCORDANCE WITH RULES ADOPTED PURSUANT TO THIS SUBPARAGRAPH (IV). IN THE EVENT A CERTIFIED FACILITY SEEKS TO BE DESIGNATED AT A DIFFERENT LEVEL OR SEEKS NONDESIGNATION STATUS, THE FACILITY SHALL COMPLY WITH THE BOARD'S PROCEDURES FOR INITIAL DESIGNATION.

(V) DISCIPLINARY SANCTIONS, WHICH SHALL BE LIMITED TO THE REVOCATION OF A DESIGNATION OR REDESIGNATION OR ASSIGNMENT OF NONDESIGNATION STATUS TO

A FACILITY;

(VI) A DESIGNATION FEE ESTABLISHED IN ACCORDANCE WITH SECTION 25-3.5-705;

(VII) AN APPEALS PROCESS CONCERNING DEPARTMENT DECISIONS IN CONNECTION WITH EVALUATIONS, REVIEWS, DESIGNATIONS, AND SANCTIONS.

(e) **Communications system.** (I) THE COMMUNICATIONS SYSTEM RULES SHALL REQUIRE THAT AN AREA TRAUMA PLAN ENSURE CITIZEN ACCESS TO TRAUMA SERVICES THROUGH THE 911 TELEPHONE SYSTEM OR ITS LOCAL EQUIVALENT AND THAT THE PLAN INCLUDE ADEQUATE PROVISIONS FOR PUBLIC SAFETY DISPATCH TO AMBULANCE SERVICE AND FOR EFFICIENT COMMUNICATION FROM AMBULANCE TO AMBULANCE, FROM AMBULANCE TO A DESIGNATED FACILITY, AMONG THE TRAUMA FACILITIES, AND BETWEEN TRAUMA FACILITIES AND OTHER MEDICAL CARE FACILITIES.

(II) IN ADDITION, THE BOARD SHALL REQUIRE THAT AN AREA TRAUMA PLAN IDENTIFY THE KEY RESOURCE FACILITIES FOR THE AREA. THE KEY RESOURCE FACILITIES SHALL ASSIST THE ATAC IN RESOLVING TRAUMA CARE ISSUES THAT ARISE IN THE AREA AND IN COORDINATING PATIENT DESTINATION AND INTERFACILITY TRANSFER POLICIES TO ASSURE THAT PATIENTS ARE TRANSFERRED TO THE APPROPRIATE FACILITY FOR TREATMENT IN OR OUTSIDE OF THE AREA.

(f) **Statewide trauma registry.** (I) THE REGISTRY RULES SHALL REQUIRE THE DEPARTMENT TO ESTABLISH AND OVERSEE THE OPERATION OF A STATEWIDE TRAUMA REGISTRY. THE RULES SHALL ALLOW FOR THE PROVISION OF TECHNICAL ASSISTANCE AND TRAINING TO DESIGNATED FACILITIES WITHIN THE VARIOUS TRAUMA AREAS IN CONNECTION WITH REQUIREMENTS TO COLLECT, COMPILE, AND MAINTAIN INFORMATION FOR THE STATEWIDE CENTRAL REGISTRY. EACH LICENSED FACILITY, CLINIC, OR PREHOSPITAL PROVIDER THAT PROVIDES ANY SERVICE OR CARE TO OR FOR PERSONS WITH TRAUMA INJURY IN THIS STATE SHALL COLLECT THE INFORMATION DESCRIBED IN THIS SUBPARAGRAPH (I) ABOUT ANY SUCH PERSON WHO IS ADMITTED TO A HOSPITAL AS AN INPATIENT OR TRANSFERRED FROM ONE FACILITY TO ANOTHER OR WHO DIES FROM TRAUMA INJURY. THE FACILITY, CLINIC, OR PREHOSPITAL PROVIDER SHALL SUBMIT THE FOLLOWING INFORMATION TO THE REGISTRY:

(A) ADMISSION AND READMISSION INFORMATION;

(B) NUMBER OF TRAUMA DEATHS;

(C) NUMBER AND TYPES OF TRANSFERS TO AND FROM THE FACILITY OR THE PROVIDER;

(D) INJURY CAUSE, TYPE, AND SEVERITY.

(II) IN ADDITION TO THE INFORMATION DESCRIBED IN SUBPARAGRAPH (I) OF THIS PARAGRAPH (f), FACILITIES DESIGNATED AS LEVEL I, II, OR III SHALL PROVIDE SUCH ADDITIONAL INFORMATION AS MAY BE REQUIRED BY BOARD RULES.

(III) THE REGISTRY RULES SHALL INCLUDE PROVISIONS CONCERNING ACCESS TO AGGREGATE INFORMATION IN THE REGISTRY THAT DOES NOT IDENTIFY PATIENTS OR PHYSICIANS. ANY DATA MAINTAINED IN THE REGISTRY THAT IDENTIFIES PATIENTS OR

PHYSICIANS SHALL BE STRICTLY CONFIDENTIAL AND SHALL NOT BE ADMISSIBLE IN ANY CIVIL OR CRIMINAL PROCEEDING.

(g) **Public information, education, and injury prevention.** THE PUBLIC INFORMATION, EDUCATION, AND INJURY PREVENTION RULES SHALL REQUIRE THE DEPARTMENT TO CONSULT WITH THE TRAUMA COUNCIL, THE EMS COUNCIL, AND AREA TRAUMA ADVISORY COUNCILS IN DEVELOPING AND IMPLEMENTING AREA AND STATE-BASED INJURY PREVENTION AND PUBLIC INFORMATION AND EDUCATION PROGRAMS INCLUDING, BUT NOT LIMITED TO, A PEDIATRIC INJURY PREVENTION AND PUBLIC AWARENESS COMPONENT. IN ADDITION, THE RULES SHALL REQUIRE THAT AREA TRAUMA PLANS INCLUDE A DESCRIPTION OF PUBLIC INFORMATION AND EDUCATION PROGRAMS TO BE PROVIDED FOR THE AREA.

(h) **Continuing quality improvement system (CQI).** THESE RULES REQUIRE THE DEPARTMENT TO OVERSEE A CONTINUING QUALITY IMPROVEMENT SYSTEM FOR THE STATEWIDE TRAUMA CARE SYSTEM. THE BOARD SHALL SPECIFY THE METHODS AND PERIODS FOR ASSESSING THE QUALITY OF AREA TRAUMA SYSTEMS AND THE STATEWIDE TRAUMA CARE SYSTEM. THESE RULES INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING REQUIREMENTS:

(I) THAT ATAC'S ASSESS PERIODICALLY THE QUALITY OF THEIR RESPECTIVE AREA TRAUMA PLANS AND THAT THE STATE ASSESS PERIODICALLY THE QUALITY OF THE STATEWIDE TRAUMA CARE SYSTEM TO DETERMINE WHETHER POSITIVE RESULTS UNDER AREA TRAUMA PLANS AND THE STATEWIDE TRAUMA CARE SYSTEM CAN BE DEMONSTRATED;

(II) THAT ALL FACILITIES COMPLY WITH THE TRAUMA REGISTRY RULES;

(III) THAT REPORTS CONCERNING AREA TRAUMA PLANS INCLUDE RESULTS FOR THE TRAUMA AREA, IDENTIFICATION OF PROBLEMS UNDER THE AREA TRAUMA PLAN, AND RECOMMENDATIONS FOR RESOLVING PROBLEMS UNDER THE PLAN. IN PREPARING THESE REPORTS, THE ATACS SHALL OBTAIN INPUT FROM FACILITIES AND COUNTIES INCLUDED UNDER THE AREA TRAUMA PLAN.

(i) **Trauma care for pediatric patients.** THE TRAUMA CARE FOR PEDIATRIC PATIENT RULES SHALL PROVIDE FOR THE IMPROVEMENT OF THE QUALITY OF CARE FOR PEDIATRIC PATIENTS.

(3) THE BOARD SHALL ADOPT RULES THAT TAKE INTO CONSIDERATION RECOGNIZED NATIONAL STANDARDS FOR TRAUMA CARE SYSTEMS, SUCH AS THE STANDARDS ON TRAUMA RESOURCES FOR OPTIMAL CARE OF THE INJURED PATIENT ADOPTED BY THE AMERICAN COLLEGE OF SURGEONS' COMMITTEE AND THE GUIDELINES FOR TRAUMA CARE SYSTEMS ADOPTED BY THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS.

(4) THE BOARD SHALL ADOPT AND THE DEPARTMENT SHALL USE ONLY COST-EFFICIENT ADMINISTRATIVE PROCEDURES AND FORMS FOR THE STATEWIDE TRAUMA CARE SYSTEM.

(5) IN ADOPTING ITS RULES, THE BOARD SHALL CONSULT WITH AND SEEK ADVICE FROM THE TRAUMA COUNCIL, THE EMS COUNCIL, WHERE APPROPRIATE, THE JOINT ADVISORY COUNCIL CREATED BY SECTION 25-3.5-104.5, AND ANY OTHER

APPROPRIATE AGENCY. IN ADDITION, THE BOARD SHALL OBTAIN INPUT FROM APPROPRIATE HEALTH CARE AGENCIES, INSTITUTIONS, FACILITIES, AND PROVIDERS AT THE NATIONAL, STATE, AND LOCAL LEVELS AND FROM COUNTIES AND CITIES AND COUNTIES.

25-3.5-705. Creation of fee - creation of trauma system cash fund. (1) THE BOARD IS AUTHORIZED, BY RULE, TO ESTABLISH A SCHEDULE OF FEES BASED ON THE DIRECT AND INDIRECT COSTS INCURRED IN DESIGNATING FACILITIES. IN ADDITION, THE DEPARTMENT IS AUTHORIZED TO COLLECT THE APPROPRIATE FEE ON THE SCHEDULE. THE BOARD MAY ADJUST FEES IN AMOUNTS NECESSARY TO COVER SUCH COSTS. THE FEES COLLECTED PURSUANT TO THIS SECTION SHALL BE DEPOSITED IN THE TRAUMA SYSTEM CASH FUND CREATED BY SUBSECTION (2) OF THIS SECTION.

(2) THERE IS HEREBY CREATED IN THE STATE TREASURY A STATEWIDE TRAUMA CARE SYSTEM CASH FUND. ALL MONEYS IN THE FUND SHALL BE SUBJECT TO APPROPRIATION BY THE GENERAL ASSEMBLY FOR ALLOCATION TO THE DEPARTMENT TO ADMINISTER THE TRAUMA SYSTEM. ANY MONEYS IN THE FUND NOT APPROPRIATED SHALL REMAIN IN THE FUND AND SHALL NOT BE TRANSFERRED OR REVERT TO THE GENERAL FUND AT THE END OF ANY FISCAL YEAR. ALL INTEREST DERIVED FROM THE DEPOSIT AND INVESTMENT OF MONEYS IN THE FUND SHALL REMAIN IN THE FUND.

25-3.5-706. Immunity from liability. THE DEPARTMENT, THE BOARD, THE TRAUMA COUNCIL, THE EMS COUNCIL, THE JOINT ADVISORY COUNCIL, THE AREA TRAUMA ADVISORY COUNCILS, KEY RESOURCE FACILITIES, ANY OTHER PUBLIC OR PRIVATE ENTITY ACTING ON BEHALF OF OR UNDER CONTRACT WITH THE DEPARTMENT, AND COUNTIES AND CITIES AND COUNTIES SHALL BE IMMUNE FROM CIVIL AND CRIMINAL LIABILITY AND FROM REGULATORY SANCTION FOR ACTING IN COMPLIANCE WITH THE PROVISIONS OF THIS PART 7. NOTHING IN THIS SECTION SHALL BE CONSTRUED AS PROVIDING ANY IMMUNITY TO SUCH ENTITIES OR ANY OTHER PERSON IN CONNECTION WITH THE PROVISION OF MEDICAL TREATMENT, CARE, OR SERVICES THAT ARE GOVERNED BY THE MEDICAL MALPRACTICE STATUTES, ARTICLE 64 OF TITLE 13, C.R.S.

25-3.5-707. False representation as trauma facility - penalty. (1) NO FACILITY, OR AGENT OR EMPLOYEE OF A FACILITY, SHALL REPRESENT THAT THE FACILITY FUNCTIONS AS A LEVEL I, II, III, OR IV TRAUMA FACILITY UNLESS THE FACILITY POSSESSES A VALID CERTIFICATE OF DESIGNATION ISSUED PURSUANT TO SECTION 25-3.5-704 (2) (d). IN ADDITION, NO FACILITY, PROVIDER, OR PERSON SHALL VIOLATE ANY RULE ADOPTED BY THE BOARD.

(2) ANY FACILITY, PROVIDER, OR PERSON WHO VIOLATES THE PROVISIONS OF SUBSECTION (1) OF THIS SECTION IS SUBJECT TO A CIVIL PENALTY, WHICH THE BOARD SHALL ESTABLISH BY RULE, BUT WHICH SHALL NOT EXCEED FIVE HUNDRED DOLLARS. THE PENALTY SHALL BE ASSESSED AND COLLECTED BY THE DEPARTMENT. BEFORE A FEE IS COLLECTED, A FACILITY, PROVIDER, OR PERSON SHALL BE PROVIDED AN OPPORTUNITY FOR REVIEW OF THE ASSESSED PENALTY. THE PROCEDURES FOR REVIEW SHALL BE IN ACCORDANCE WITH THE "STATE ADMINISTRATIVE PROCEDURE ACT", ARTICLE 4 OF TITLE 24, C.R.S., AND BOARD RULES. ANY PENALTY COLLECTED PURSUANT TO THIS SECTION SHALL BE TRANSMITTED TO THE STATE TREASURER, WHO SHALL CREDIT THE SAME TO THE STATEWIDE TRAUMA CARE SYSTEM CASH FUND CREATED IN SECTION 25-3.5-705.

25-3.5-708. Financing for statewide trauma system. (1) THE IMPLEMENTATION OF THE STATEWIDE TRAUMA SYSTEM SHALL BE SUBJECT TO THE AVAILABILITY OF:

(a) FEDERAL TRANSPORTATION HIGHWAY SAFETY SEED MONEYS THAT THE DEPARTMENT OF TRANSPORTATION TRANSFERS TO THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO AN INTERGOVERNMENTAL AGREEMENT BETWEEN THE TWO AGENCIES;

(b) MONEYS FROM THE EMERGENCY MEDICAL SERVICES ACCOUNT WITHIN THE HIGHWAY USERS TAX FUND THAT ARE UNEXPENDED PORTIONS OF STATE ADMINISTRATIVE FUNDS THAT MAY BE ALLOCATED PURSUANT TO SECTION 25-3.5-603 (2) (c). NOTHING IN THIS PARAGRAPH (b) SHALL BE CONSTRUED TO AUTHORIZE MONEYS THAT MAY BE ALLOCATED PURSUANT TO SECTION 25-3.5-603 (2) (a) (I) OR (2) (b) TO BE USED FOR THE FINANCING OF THE ADMINISTRATION OF THE STATEWIDE TRAUMA SYSTEM.

(c) MONEYS FROM THE STATEWIDE TRAUMA CARE SYSTEM CASH FUND CREATED IN SECTION 25-3.5-705.

(2) IN ADDITION TO ANY FUNDS AVAILABLE PURSUANT TO SUBSECTION (1) OF THIS SECTION, THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT IS HEREBY AUTHORIZED TO ACCEPT ANY GRANTS, DONATIONS, GIFTS, OR CONTRIBUTIONS FROM ANY OTHER PRIVATE OR PUBLIC ENTITY FOR THE PURPOSE OF IMPLEMENTING THIS PART 7.

25-3.5-709. Annual report. NO LATER THAN JANUARY 1, 1999, AND PRIOR TO JANUARY 1 OF EACH YEAR THEREAFTER, THE DEPARTMENT, IN COOPERATION WITH THE TRAUMA COUNCIL, THE EMS COUNCIL, AND WHERE APPROPRIATE, THE JOINT COUNCIL, SHALL SUBMIT A REPORT TO THE HEALTH, ENVIRONMENT, WELFARE, AND INSTITUTIONS COMMITTEES AND THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY ON THE QUALITY OF THE STATEWIDE TRAUMA CARE SYSTEM. SUCH REPORT SHALL INCLUDE AN EVALUATION OF EACH COMPONENT OF THE STATEWIDE TRAUMA CARE SYSTEM AND ANY RECOMMENDATION FOR LEGISLATION CONCERNING THE STATEWIDE TRAUMA CARE SYSTEM OR ANY COMPONENT THEREOF.

SECTION 4. Part 2 of article 3.5 of title 25, Colorado Revised Statutes, 1989 Repl. Vol., as amended, is amended BY THE ADDITION OF A NEW SECTION to read:

25-3.5-204. Emergency medical services for children. (1) THE DEPARTMENT IS AUTHORIZED TO ESTABLISH A PROGRAM TO IMPROVE THE QUALITY OF EMERGENCY CARE TO PEDIATRIC PATIENTS THROUGHOUT THE STATE, INCLUDING A COMPONENT TO ADDRESS PUBLIC AWARENESS OF PEDIATRIC EMERGENCIES AND INJURY PREVENTION.

(2) THE DEPARTMENT IS AUTHORIZED TO RECEIVE CONTRIBUTIONS, GRANTS, DONATIONS, OR FUNDS FROM ANY PUBLIC OR PRIVATE ENTITY TO BE EXPENDED FOR THE PROGRAM AUTHORIZED PURSUANT TO THIS SECTION.

SECTION 5. Appropriation. (1) In addition to any other appropriation, there is hereby appropriated, to the department of public health and environment, for the fiscal year beginning July 1, 1995, the sum of one hundred thirty-seven thousand six

hundred sixty-seven dollars ($137,667), and 2.0 FTE, or so much thereof as may be necessary, for the implementation of this act. Of said sum, seventy-seven thousand six hundred sixty-seven dollars ($77,667) shall be out of moneys that are unexpended from the emergency medical services account within the highway users tax fund that are not distributed to counties by the department of public health and environment pursuant to section 25-3.5-603.2, Colorado Revised Statutes, and sixty thousand dollars ($60,000) shall be transferred from the department of transportation, division of transportation safety, transportation highway safety fund.

(2) In addition to any other appropriation, there is hereby appropriated, out of moneys that are unexpended from the emergency medical services account within the highway users tax fund that are not distributed to counties by the department of public health and environment pursuant to section 25-3.5-603.2, Colorado Revised Statutes, to the department of administration, division of telecommunications, for the fiscal year beginning July 1, 1995, the sum of fifty thousand five hundred fifty-four dollars ($50,554) and 1.0 FTE, or so much thereof as may be necessary, for the implementation of this act.

SECTION 6. Effective date. This act shall take effect July 1, 1995.

SECTION 7. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Approved: June 5, 1995