

# Alaska State Legislature



## Senate Health & Social Services Committee

Senator Bettye Davis, Chair

### Senate Bill 168 – Sponsored by Senate Health & Social Services Committee

"An Act relating to state certification and designation of trauma centers; creating the uncompensated trauma care fund to offset uncompensated trauma care provided at certified and designated trauma centers; and providing for an effective date."

### Sponsor Statement

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SB 168 addresses the urgent need for a comprehensive state-wide trauma center system coordinating and integrating the efforts of Emergency Medical Services (EMS), public safety agencies, air medical services, and health care facilities to ensure that patients receive the most efficient, effective care possible from time of injury through rehabilitation. Trauma care systems have been shown to reduce death from injury by as much as 25 percent and are recognized as an integral part of a state's EMS and disaster response system. Only eight states reportedly have fully functioning systems and 15 states have no system.

Trauma is any life-threatening occurrence, either accidental or intentional, that causes injuries. The leading causes of trauma are motor vehicle accidents, falls, and assaults. Trauma is the leading cause of death among Americans under 44 years of age. A trauma center is a hospital, clinic, or other certified entity equipped to provide comprehensive emergency medical services to patients suffering traumatic injuries. Trauma centers were established by the medical establishment in response to traumatic injuries that often require complex and multi-disciplinary treatment including surgery, in order to give the victim the best possible chance for survival and recovery.

SB 168, Section 1, adds subsection (c) to AS 18.08.082, Emergency Medical Services, to address the state certification and designation of trauma centers; it creates the "Uncompensated Trauma Care Fund" under Section 2, AS 18.08.085, to offset uncompensated trauma care provided at certified and designated trauma centers; and it provides for an immediate effective date. The bill requires the commissioner to establish special designations in regulation of Levels I-IV of certified trauma centers that shall be used to set compensation eligibility and amounts under the Uncompensated Trauma Care Fund.

Although the current Alaska statutes revised in 1993 require certification of hospitals, clinics, or other entities represented as trauma centers, the statutes do not require or provide incentives for participation. The Uncompensated Trauma Care Fund will provide the needed incentive for hospitals, clinics, and other entities to seek certification as trauma centers. Since the state statutes and regulations in this area were enacted over 15 years ago only three of 24 eligible Alaska hospitals reportedly have successfully completed the verification and certification process as trauma centers.

In order to qualify as a trauma center, a hospital must meet certain criteria as established by the American College of Surgeons. Trauma centers vary in their specific capabilities and are identified by "Level" designation: Level-I being the highest, to Level-IV being the lowest. Higher levels of trauma centers will have trauma surgeons available, including those trained in such specialties as neurosurgery and orthopedic surgery as well as highly sophisticated medical diagnostic equipment and specialized treatment units. Lower levels of trauma centers may only be able to provide initial care and stabilization of a traumatic injury and arrange for transfer of the victim to a higher level of trauma care.

Under the Alaska trauma center system, it is anticipated that tertiary hospitals designated as higher level trauma centers will ensure availability of critical care specialists 24 hours a day, seven days a week. The Alaska Native Medical Center is a Level II trauma center, Yukon Kuskokwim Regional and Norton Sound Regional Hospitals are Level IV. It is believed that there are adequate medical resources to establish more Level II trauma centers in Anchorage, and it is considered feasible to establish level III and IV centers throughout the state. Because of long transport times, trauma centers at all levels are necessary to improve patient outcomes. Level I trauma centers have critical care specialists in the hospital or on call at all times. The closest Level I trauma center is Harborview Medical Center in Seattle.

The operation of a trauma center is extremely expensive. Some areas are under-served by trauma centers because of this expense. For example, Harborview Medical Center in Seattle is the only Level I trauma center to serve the entire states of Washington, Idaho, Montana, and Alaska. In Florida, Orlando Regional Medical Center, reportedly built to serve five counties, now serves more than twenty.

Patient traffic at trauma centers can vary widely, as there is no way to schedule the need for emergency services. A variety of different methods have been developed for dealing with this. Halifax Health in Daytona Beach, Florida reportedly is deploying a "pod system," allowing trauma care to be provided by several different small emergency departments at different hospitals, rather than at one central large trauma center. It is anticipated that Alaska, likewise, will have to develop a trauma center system which best suits its needs. It is anticipated that persons critically injured in remote areas of Alaska will be transported directly to a distant trauma center by plane and helicopter for faster and better medical care than if they had been transported to a closer hospital or clinic which is not a designated trauma center. The designation, coordination, and funding of a trauma center system in Alaska as provided by SB 168 will save time and lives. SB 168 will also provide the financial incentives for more participation by hospitals, clinics and other certified trauma care entities which are not available under present law.