

ALASKA STATE HOUSE OF REPRESENTATIVES

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Session

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State Capitol
Room 214

REPRESENTATIVE JOHN COGHILL

HB 168 Certification and Designation of Trauma Centers

Sponsor Statement

Trauma injuries can within moments take a person from perfect health to a critical life threatening condition. Trauma is any bodily injury from an external force including car crashes, shootings, falls, snow machine crashes, and stabbings. There is a "golden hour" after the injury during which proper treatment and appropriate interventions will potentially save a trauma patient's life and prevent further damage to the injured person.

Trauma is the leading cause of death for Alaskans between the age of one and forty-four and more than 800 Alaskans are hospitalized each year for spinal cord and brain injuries.

A trauma system is an organized multidisciplinary response to managing treatment of severely injured people and it spans the full spectrum from prevention and emergency care to recovery and rehabilitation. A trauma system enhances the chance of survival by making sure patients are brought to the most appropriate facility in the most efficient manner and that optimal care is delivered every step of the way.

Texas, Oklahoma, California, Alabama, Washington and Mississippi have implemented programs to address uncompensated trauma services. This legislation would recreate a trauma care fund which could reimburse trauma centers for uncompensated or undercompensated services. The bill would create an incentive for becoming a certified trauma center but does not force facilities to become certified trauma centers.

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Designate Trauma Centers and the Uncompensated Trauma Care Fund

Sectional

Section 1. AS 18.08.082 currently prescribes by regulation criteria for training programs and for personnel involved in emergency medical services. This section adds a requirement for the commissioner of Health and Social Services establish special designations for varying levels of services offered by a certified trauma center.

Section 2. Establishes a trauma care fund to be used to compensate certified trauma centers for uncompensated trauma care. The fund can accept money appropriated by the legislature, which can include donations, income from the fund, and of the other designated receipts. The commissioner is given authority to establish a special committee for review of the program and limits are set on the distribution of the funds.

Section 3. The bill has an immediate effective date.

HOUSE BILL NO. 168

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SIXTH LEGISLATURE - FIRST SESSION

BY REPRESENTATIVE COGHILL

Introduced: 3/9/09

Referred: Health and Social Services, Finance

A BILL

FOR AN ACT ENTITLED

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

4 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5 * **Section 1.** AS 18.08.082 is amended by adding a new subsection to read:

6 (c) The commissioner shall establish special designations in regulation for
7 varying levels of trauma care provided by a certified trauma center that shall be used
8 to set compensation eligibility and amounts under AS 18.08.085. The designations
9 shall be based on nationally recognized standards and procedures.

10 * **Sec. 2.** AS 18.08 is amended by adding a new section to read:

11 **Sec. 18.08.085. Uncompensated trauma care fund; creation.** (a) The
12 uncompensated trauma care fund is created. The purpose of the fund is to compensate
13 certified trauma centers in the state that receive a special designation under
14 AS 18.08.082(c) for care uncompensated by the person receiving the care or by any

1 other source.

2 (b) The fund consists of money appropriated to it by the legislature, including
3 donations, recoveries of or reimbursements for awards made from the fund, income
4 from the fund, and other program receipts from activities under this chapter.
5 Appropriations to the fund do not lapse.

6 (c) The commissioner shall administer the fund in accordance with the
7 provisions of this chapter. The commissioner shall spend money from the
8 uncompensated trauma care fund for the purpose established in (a) of this section. The
9 commissioner may establish and seek the advice of a special committee for review of
10 statewide trauma care and compensation standards.

11 (d) The commissioner may not provide more than 25 percent of the total
12 assets, including earnings, of the fund in a fiscal year to one trauma center.

13 * **Sec. 3.** This Act takes effect immediately under AS 01.10.070(c).

Bill History/Action for 26th Legislature

BILL: HB 168

SHORT TITLE: TRAUMA CARE CENTERS.FUND

BILL VERSION:

CURRENT STATUS: (H) HSS

STATUS DATE: 03/09/09

THEN FIN

SPONSOR(s): REPRESENTATIVE(s) COGHILL

TITLE: "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."

Bill Number:	<input type="text"/>	Search Bills	Next Bill
Full Text			
Sponsor Statement			
Display Committee Action with Bill History			

Jrn-Date	Jrn-Page	Action
03/09/09	0409	(H) READ THE FIRST TIME - REFERRALS
03/09/09	0409	(H) HSS, FIN
03/09/09	0409	(H) REFERRED TO HEALTH & SOCIAL SERVICES

Similar Subject Match or Exact Subject Match

[FUNDS](#)[HEALTH & SOCIAL SERVICES](#)[HOSPITALS](#)[LICENSING](#)[MEDICAL CARE](#)

Bill Number:	<input type="text"/>	Display Bill
Next Bill		

[Return to Basis Main Menu \(26th Legislature\)](#)

HOUSE BILL NO. 169

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SIXTH LEGISLATURE - FIRST SESSION

BY REPRESENTATIVE COGHILL

Introduced: 3/9/09

Referred: Finance

Funding Information:	General Fund	\$	5,000,000
	Other Funds		-0-
	Total	\$	5,000,000

A BILL**FOR AN ACT ENTITLED**

1 "An Act appropriating \$5,000,000 to the uncompensated trauma care fund; and
 2 providing for an effective date."

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 * **Section 1.** The sum of \$5,000,000 is appropriated from the general fund to the
 5 uncompensated trauma care fund (AS 18.08.085) to capitalize the fund.

6 * **Sec. 2.** The appropriation made by sec. 1 of this Act is for the capitalization of a fund and
 7 does not lapse.

8 * **Sec. 3.** **CONDITIONAL EFFECT.** The appropriation made by sec. 1 of this Act takes
 9 effect only if an Act enacted by the Twenty-Sixth Alaska State Legislature establishing the
 10 uncompensated trauma care fund becomes law.

11 * **Sec. 4.** If this Act takes effect under sec. 3 of this Act, it takes effect July 1, 2009.

Bill History/Action for 26th Legislature

BILL: HB 169

SHORT TITLE: APPROP: TRAUMA CARE FUND

BILL VERSION:

CURRENT STATUS: (H) FIN

STATUS DATE: 03/09/09

SPONSOR(s): REPRESENTATIVE(s) COGHILL

TITLE: "An Act appropriating \$5,000,000 to the uncompensated trauma care fund; and providing for an effective date "

Bill Number:	<input type="text"/>	Search Bills	Next Bill
Full Text			
Sponsor Statement			
Display Committee Action with Bill History			

Jm-Date	Jm-Page	Action
03/09/09	0409	(H) READ THE FIRST TIME - REFERRALS
03/09/09	0409	(H) FIN
03/09/09	0409	(H) REFERRED TO FINANCE

[Similar Subject Match](#) or [Exact Subject Match](#)

APPROPRIATIONS

FUNDS

HEALTH & SOCIAL SERVICES

MEDICAL CARE

SPECIAL APPROPRIATIONS

STATE AID

Bill Number:	<input type="text"/>	Display Bill
Next Bill		

[Return to Basis Main Menu \(26th Legislature\)](#)

FISCAL NOTE

STATE OF ALASKA
2009 LEGISLATIVE SESSION

Fiscal Note Number:

Bill Version:

HB 168

() Publish Date:

Identifier (file name): HB168-DHSS-IPEMS-04-07-09

Title Trauma Care Centers/Fund

Dept. Affected: Health and Social Services

RDU Public Health

Component Injury Prevention/Emergency Medical Services

Sponsor HSS by Request

Requester House HSS

Component Number 2876

Expenditures/Revenues

(Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	Appropriation Required	Information					
	FY 2010	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
Personal Services							
Travel							
Contractual							
Supplies							
Equipment							
Land & Structures							
Grants & Claims							
Miscellaneous							
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES							
-----------------------------	--	--	--	--	--	--	--

CHANGE IN REVENUES (
-----------------------------	--	--	--	--	--	--	--

FUND SOURCE

(Thousands of Dollars)

1002 Federal Receipts							
1003 GF Match							
1004 GF							
1005 GF/Program Receipts							
1037 GF/Mental Health							
Other Interagency Receipts							
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2009) cost: _____

POSITIONS

Full-time							
Part-time							
Temporary							

ANALYSIS: (Attach a separate page if necessary)

HB 168 establishes a mechanism to provide a financial incentive for hospitals to become designated as certified trauma centers in order to encourage their participation in a statewide trauma system, with the goal of improving delivery of trauma care in the Alaska medical system. This bill establishes a fund for reimbursement of trauma care for uninsured or underinsured patients, and allows designated trauma centers to apply for compensation of claims that are otherwise uncompensated by insurance or other funds.

The Department proposes to manage this fund using existing staff resources.

Prepared by: Beverly Wooley, Director

Division Public Health

Phone 465-3092

Date/Time 4/7/09 12:00 AM

Approved by: Alison Elgee, Assistant Commissioner

DHSS Finance & Management Services

Date 4/7/2009

Alaska Brain Injury Network			
Alaska Scorecard and TBI Dashboard – (DRAFT)			
DRAFT #1 – May 22, 2008			
<input type="radio"/> Getting worse <input type="radio"/> Not changing <input checked="" type="radio"/> Improving			
	5-year Trend	Current Data	Source
SCORECARD: A “scorecard” provides a snapshot of the status of TBI issues in the State of Alaska			
Traumatic Brain Injury Non-fatal Incidence Rates			
TBI rate per 100,000	<input checked="" type="radio"/>	98.6	1
Causes			
Falls	<input type="radio"/>	28.7	1
Motor Vehicle Transportation Occupant	<input checked="" type="radio"/>	24.7	1
Assault	<input checked="" type="radio"/>	12.2	1
ATV	<input type="radio"/>	6.5	1
Bicycle	<input checked="" type="radio"/>	4.5	1
Snowmachine	<input checked="" type="radio"/>	4.4	1
Pedestrian	<input checked="" type="radio"/>	3.6	1
Sports	<input checked="" type="radio"/>	1.8	1
Water Transport	<input type="radio"/>	1.3	1
Suicide Attempt	<input checked="" type="radio"/>	.8	1
Gender			
TBI percentage among males		65.4 %	1
TBI percentage among females	<input type="radio"/>	33.2 %	1
Ethnicity			
Percentage of TBI population that is Alaska Native		34%	1.a
Percentage of TBI population that is White		53%	1.a
Percentage of TBI population that is Other; unknown, Pacific Islander, Hispanic, Black, American Indian, Asian		22%	1.a
Those at highest risk for hospitalization due to TBI (rate per 100,000)			
Males age 80+		301.3	1
Females age 80+		217.2	1
Males age 70-79		215.7	1
Males age 15-19		200.9	1
Traumatic Brain Injury Numbers			
TBI hospitalizations/year		640	1.b
TBI deaths/year		150	1.b
Est. TBI-related Emergency Department Visits		2953	2

- 1 Alaska Trauma Registry 2001-2005 – Non-fatal TBI hospitalizations
- 1.a Alaska Trauma Registry 1996-2005 – Non-fatal TBI hospitalizations
- 1.b Alaska Trauma Registry 2006 – Non-fatal TBI hospitalizations
- 2 HRSA TBI Implementation Grant

Alaska Trauma Registry records those who are hospitalized for more than 24 hours. This does not include the number of people who visit the emergency department and are sent home in the same day. This does not include the number of returning service members with traumatic brain injury.

DASHBOARD: A "dashboard" provides a way to see how well an activity is working to affect the TBI population

○ Getting worse

↔ Not changing

○ Improving

Dashboard: Behavioral Health

TBI and Mental Health	Spot look trend	Current Data	Source
Percentage BH clients screening positive for TBI	↔	32%	3
TBI and Substance Use			
Alcohol-related TBI 100,000		33%	1
TBI and Suicide			
Percentage of suicide victims with history of TBI		32%	4

Dashboard: Education

Special Education			
Number of children in Special Education statewide with TBI diagnosis (2007)	↔	66	5

Dashboard: Justice

Corrections			
Percent of incarcerated Alaskans (adults) who are Trust beneficiaries, including those with cognitive disabilities		42%	6

Dashboard: Employment

Vocational Rehabilitation

Number of TBI cases		167	7
Number of TBI cases closed employed		17	7
Number of TBI cases closed with plan for employment		11	7
Average wage at closure		\$12.54	7

Dashboard: Providence

ImPACT Program

Number of baselines (ImPACT)		57	8
Number of student/athletes seen in program (ImPACT)		25	8

Emergency Department

Patients given the diagnosis of "head injury" or "concussion in Emergency Department in 2006		547	8
% of TBI-related ED visits that led to hospitalizations		1%	8
% of ED visits that are Pediatric		15%	8

Dashboard: Alaska Brain Injury Network

TBI Advisory Board

Est. Board Member Volunteer hours/year	●	1054	9
Board Member Participation in Quarterly Board Meetings		83%	9
Ex-officio participation in quarterly board meetings		65-80%	9
% of survivors/family members on TBI board		55%	9
% Board Members who give a financial contribution		100%	9

TBI Resource Navigation

Average new consumer contacts per month	●	30	9
Average unique visitors/month to ABIN website	●	750	9
Number of people on Alaska Brain Matters Listserve	●	100+	9

3 AKAIMS

4 Suicide Follow-back Study

5 <http://www.ced.state.ak.us/stats/>

6 Trust/DOC Study 07

7 Division of Vocational Rehabilitation (FY07)

8 Providence Neuroservices

9 Alaska Brain Injury Network

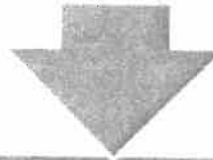
Statewide Planning: Data

Solution: Case Management

Challenge: Why manage rehabilitation services if they do not exist in state?

Attempt: \$150.0 MHTAAR
\$50.0 GF/MH NOT funded

Need Rehabilitation



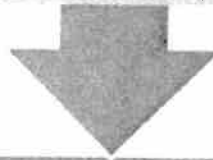
Post Acute Rehabilitation

Solution: Post-acute and Residential Rehabilitation

Why build programs if there is not a FUNDING source to pay for the services?

Community providers want to develop brain injury programs

Need FUNDING



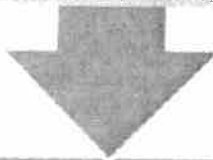
On-Going Support: Funding

Solution: Medicaid Waiver or General Fund

Can't develop waiver application without DATA

Providers cannot build programs without funding source beyond private pay

Need DATA



—With no programs in place to offer continuous follow up service, studies show traumatic brain survivors are more likely to be substance abusers or become jobless or homeless straining other state and city services.

Solution: Action

The existence of brain injury waivers supports the growth of community non-profit brain injury agencies.

Case management can be paid through waivers or designating TBI as a targeted population

Data is available through other State's experiences (Rutger's Study)



Every 15 seconds someone sustains a traumatic brain injury (TBI) in the U.S.

Thirty years ago, only half of all people with brain injury survived; now 78% survive. This means that many individuals now live with significant disability requiring a full range of services.

Every year the Alaska Department of Health & Social Services reports about 800 traumatic brain injury (TBI) cases resulting in hospitalization or fatality. The Alaska TBI rate is 28% higher than the national average. The TBI rate in rural Alaska is one of the highest in the nation.

It is estimated that at least 10,000 Alaskans are living with brain injury today.

The Alaska Brain Injury Network, Inc.

(ABIN) is a non-profit organization dedicated to Alaskans whose lives have been changed by brain injury.

ABIN's Board of Directors represent all regions of Alaska and the extended brain injury community – survivors, family members, service providers, health educators, researchers and those who write laws and policy.

ABIN works with their Alaska Mental Health Trust Authority partner boards to advocate for policy changes, programs, and facilities to better serve the brain injury population.

ABIN's staff focuses on early identification, connecting brain injury survivors with services, providing support and education for families, and bringing professional training to Alaska.

The goal for every brain injury survivor is the best possible recovery for a fulfilling and productive life. Achieving that goal requires full range of services close to home. This includes...

- Prevention
- Early identification and intervention
- Access to skilled specialists
- Community-based post injury services
- Continuing rehabilitation
- Brain injury support groups and in-state resources

What you can do...

- **Be aware of the burden of brain injury nationally and to the state of Alaska**
- **Support a TBI Resolution for Brain Injury Awareness Month.**
- **Become familiar with ABIN Priorities in the GF/MH Budget; Prevention, Training, and Resource Navigation**

Upcoming ABIN Priorities

In-state rehab facility – for neurobehavioral beneficiaries.

Brain Injury Waiver - recommendations for the current Medicaid waiver system to accommodate the services needed by brain injury survivors: neuropsychological assessment, cognitive and functional therapy, case management, counseling, home modifications, transportation, respite care, and more.

TBI Screening and early intervention – promotes better recovery and saves money.



www.alaskabraininjury.net
3745 Community Park Loop, Ste 240
Anchorage, AK 99508
(907) 274-2824

Alaska Brain Injury Network, Inc. helps identify, develop, implement, and sustain needed programs and resources that promote prevention and expand treatment and service delivery to Alaskans who experience TBI and their families.