

**SB**

**71**

**SFIN**

**FILE**

# SENATE FINANCE COMMITTEE REPORT

DATE: 3/10/93

FURTHER:

DATE TURNED INTO OFFICE. 3-22-93

The Finance Committee considered **SPONSOR SUBSTITUTE FOR SENATE BILL NO. 71**

"An Act relating to emergency medical services; and repealing obsolete references to the Statewide Health Coordinating Council and health systems agencies."  
and recommends:

replace with \_\_\_\_\_ CS 55 SB 71 (FINANCE)  
or  adopt previous \_\_\_\_\_ CS \_\_\_\_\_ (\_\_\_\_\_)  
 attaches amendment(s)

same title  
 new title  
 technical title change (HB only)

adopts 3FC Letter of Intent  
 further referral to the \_\_\_\_\_

- do pass
- do not pass
- no recommendation
- individual recommendations

**NEW FISCAL NOTES**

Department	Date	Zero	Fiscal
DHSS	3-17-93	<del>0</del>	

**PREVIOUS FISCAL NOTES**

Department	Date	Zero	Fiscal
DCED	3-4-93	<del>0</del>	

Appropriation No Fiscal Note

**DO PASS:**

[Signature]  
Tim Kelly  
[Signature]  
[Signature]  
[Signature]

**OTHER RECOMMENDATIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. [Signature]  
Co-Chair: Signature/Recommendation

2. [Signature]  
Co-Chair: Signature/Recommendation

*ing Kance - to pass*

F I S C A L N O T E

REQUEST:

Revision Date: 3/17/93 Affected Agency: Dept. of H&SS  
 Title: Act relating to emergency services BRU: St. Health Services  
 Sponsor: Sens. Leman and Ellis Components: EMS Train. & Lic.  
 Requestor: Senate Finance 297

EXPENDITURES/REVENUES: (THOUSANDS OF DOLLARS)

OPERATING	FY 94	FY 95	FY 96	FY 97	FY 98	FY 99
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants, Claims						
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

CAPITAL						
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REVENUE						
---------	--	--	--	--	--	--

FUNDING: (THOUSANDS OF DOLLARS)


General Fund						
Federal Fund						
Other						
<b>TOTAL</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

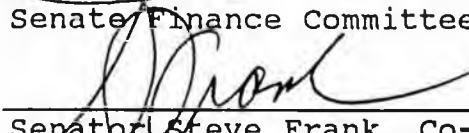
POSITIONS:

Full-Time	0	0	0	0	0	0
Part-Time	0	0	0	0	0	0
Temporary	0	0	0	0	0	0

Estimate of FY 93 impact: 0.0

ANALYSIS: (ATTACH A SEPARATE PAGE IF NECESSARY)

Prepared By:  Date: 3/17/93  
 Senator Drue Pearce, Co-chair  
 Senate Finance Committee Phone: 465-4993

Prepared By:  Date: 3/17/93  
 Senator Steve Frank, Co-chair  
 Senate Finance Committee Phone: 465-3709

**MEMORANDUM**

**TO: SENATOR STEVE FRANK**

**FROM: CRAIG R. LEWIS, EXECUTIVE DIRECTOR, INTERIOR REGION  
EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

**SUBJECT: SB71**

**DATE: MARCH 18, 1993**

OW 5/18/93

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It is my understanding that SB71 is to be considered this morning. Unfortunately I could not stay to testify.

At the end of the day yesterday, I was advised that Senator Leman was considering amending the bill to remove all fiscal notes. It is my view that this would be a terrible error. The amendments proposed by Senator Leman involve additional costs and should be funded. EMS has struggled long and hard to accomplish the tasks legislatively assigned without recognition of the costs associated with managing and caring for the traumatically ill patient. We have proven time and again that we do our part to reduce costs and save lives.

Please do what you can to insure that \$150,000 is added to the grants section of the fiscal note for the provision of emergency medical services. Failing to recognize that there are costs associated with meeting the statute requirements places the providers in jeopardy. Interior has already lost four ambulance services primarily resultant from inadequate funds and equipment to comply with legislatively mandated requirements.

Thank you!!

# FISCAL NOTE

No. 1

Bill Version: GSSB 71

(S) Publish Date: 3-9-93

## STATE OF ALASKA 1993 LEGISLATIVE SESSION

Revision Date:	Dept. Affected: <u>Commerce &amp; Economic Development</u>
Title: <u>An Act relating to emergency medical</u>	BRU: <u>Occupational Licensing</u>
Services:....	Component: <u>Operations</u>
Sponsor: <u>Senator Leman</u>	
Requestor: <u>Senator Leman</u>	COMPONENT SERIAL NO. <u>1944</u>

**Expenditures/Revenues:**

(Thousands of Dollars)

OPERATING	FY 94	FY 95	FY 96	FY 97	FY 98	FY 99
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	.0	.0	.0	.0	.0	.0

CAPITAL						
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REVENUE FUND SOURCE:	.0	.0	.0	.0	.0	.0
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**FUNDING:**

(Thousands of Dollars)

FUNDING	FY 94	FY 95	FY 96	FY 97	FY 98	FY 99
1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
<b>TOTAL</b>	.0	.0	.0	.0	.0	.0

**POSITIONS:**

POSITIONS	FY 94	FY 95	FY 96	FY 97	FY 98	FY 99
FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

Estimate of current year (FY 93) impact: \$ None

**ANALYSIS:** (Attach a separate page if necessary)  
 Sections 1-6 of the bill relate to Occupational Licensing. The bill seeks to remove the wording "physician-trained" when referring to a mobile intensive care paramedic. New funding is not required to implement provisions of this bill.

Prepared by: <u>Jennifer Strickler, Administrative Officer</u>	Phone: <u>465-2144</u>
Division: <u>Occupational Licensing</u>	Date: <u>3/2/93</u>
Approved by Commissioner: <u>Paul Fuhs</u>	Date: <u>3/4/93</u>
Agency: <u>Commerce &amp; Economic Development</u>	

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**SSSB 71: "An Act relating to emergency medical services; and repealing obsolete references to the Statewide Health Coordinating Council and health systems agencies."**

SSSB 71 seeks to remove the wording "physician-trained" when referring to a mobile intensive care paramedic. This bill also addresses other changes, however, only Sections 1-6 deal with Occupational Licensing; therefore, this position paper only addresses those sections.

Mobile intensive care paramedics will continue to be "physician-trained," however, the training of paramedics is not limited to only physicians; therefore, this bill seeks to remove unnecessary language.

The department supports the change in terminology referenced in SSSB 71 (Sections 1-6) and recommends its passage.



\_\_\_\_\_  
Paul Fuhs, Commissioner

3-4-93

\_\_\_\_\_  
Date

Back-up

3-22-93  
Adopted  
SFC  
Letter of  
Intent

Amendment #<sup>3</sup>~~2~~  
Letter of Intent for SS for Senate Bill 71

by Senator Rieger

Letter of Intent

It is the intent of the legislature that the department will use a computerized database program for the collection of trauma data. A priority in designing the system should be ease of use for pre-hospital and hospital facilities in providing information to the database through their own use of standard desktop software programs. It is further the intent of the legislature that the trauma injury data collection be eventually integrated with a broader effort which includes epidemiology and other state health information.

SENATE FINANCE  
COMMITTEE

Amendment Number: 3  
Bill Number: SB 71  
Sponsor: Rieger Date: 3/17/93  
Logged In By: Rrr

SFC - letter of Intent

SENATE FINANCE  
COMMITTEE

Amendment Number: 1

CORRECTED

Bill Number: SSSB 71

Sponsor: \_\_\_\_\_ Date: 3/15

Logged In By: Ron

3-15-93  
Adopted

8-LS0112E.1 -JFC

Lauterbach

3/8/93

AMENDMENT

OFFERED IN THE SENATE

BY

TO: SSSB 71

Page 6, line <sup>3</sup> 9, after "<sup>"providers"</sup>services":

Delete "E"

Insert ", at least one of whom resides in a community that is not connected by land or marine highway, or a combination of land and marine highway, to a community in which a hospital is located: in this paragraph. "highway" has the meaning given in AS 28.40.100"

3-22-93  
Adopted  
SFC

Amendment #<sup>2</sup>1 for Senate Bill 71

by Senator Rieger

On page 4, line 18, replace "shall" with "may".

(a) The department [shall] may establish an emergency medical services patient care information system.

On page 4, line 18, after the word "system." add:

"If the department collects information on emergency medical services patient care, the department shall establish the format for such data collection."

On page 4, line 30, after "requested,"

delete: "on forms"

add: "in a format that is compatible with the format"

On page 5, line 6, after the word "be," replace the rest of the sentence with:

"in a format that is compatible with the format developed by the department to implement (a) of this section."

SENATE FINANCE  
COMMITTEE

Amendment Number: 2

Bill Number: SB 71

Sponsor: Rieger Date: 3/17/93

Logged In By: Rieger

3-22-93  
Adopted

Amendment #~~2~~<sup>3</sup>  
Letter of Intent for SS for Senate Bill 71

by Senator Rieger

Letter of Intent

It is the intent of the legislature that the department will use a computerized database program for the collection of trauma data. A priority in designing the system should be ease of use for pre-hospital and hospital facilities in providing information to the database through their own use of standard desktop software programs. It is further the intent of the legislature that the trauma injury data collection be eventually integrated with a broader effort which includes epidemiology and other state health information.

SENATE FINANCE  
COMMITTEE  
Amendment Number: 3  
Bill Number: SB 71  
Sponsor: Rieger Date: 3/17/93  
Logged In By: Rier

2801 DeBarr Road  
Anchorage, Alaska 99508  
Telephone 907.276.1131  
Fax 907.264.1143



Alaska  
Regional Hospital

March 19, 1993

Senator Pearce:

We at Alaska Regional Hospital are strongly committed to providing the highest quality care to all our patients. We feel that in order for this to happen at our hospital we need to be part of an organized statewide effort to improve the delivery of care to trauma victims. We are proud to be part of the effort of the Emergency Medical Services Section by serving on the Trauma Care System Planning and Development Task Force.

It is both as members of this Task Force and as a hospital delivering care to these trauma patients that we let you know of our support for the Sponsor Substitute for Senate Bill 71. We concur with the National Highway Traffic Safety Administration in the need for a fully functional EMS system which has statutory authority for trauma center designation. We also believe strongly in the need to have a trauma registry which gathers the data needed to evaluate the trauma system response and for epidemiology of serious injuries so that the system can focus its efforts on prevention of injury which is the ultimate goal of the system.

We are asking that you support this legislation that will enable us to deliver the very best quality care to the citizens of Alaska and the tourists who visit here each year.

Sincerely,

Linda Baker, RN, BSN, CCRN  
Associate Executive Director/ Nursing

2801 DeBarr Road  
Anchorage, Alaska 99508  
Telephone 907.276.1131  
Fax 907.264.1143



Alaska  
Regional Hospital

March 19, 1993

Senator Pearce:

We at Alaska Regional Hospital are strongly committed to providing the highest quality care to all our patients. We feel that in order for this to happen at our hospital we need to be part of an organized statewide effort to improve the delivery of care to trauma victims. We are proud to be part of the effort of the Emergency Medical Services Section by serving on the Trauma Care System Planning and Development Task Force.

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We are asking that you support this legislation that will enable us to deliver the very best quality care to the citizens of Alaska and the tourists who visit here each year.

Sincerely,

A handwritten signature in cursive script that reads "Linda Baker".

Linda Baker, RN, BSN, CCRN  
Associate Executive Director/ Nursing

# FISCAL NOTE

STATE OF ALASKA  
1993 LEGISLATIVE SESSION

BILL NO. SS SB 71

Revision Date: March 16, 1993 Dept. Affected: Health and Social Services  
 Title: An Act relating to emergency services; and repealing obsolete references BRU: State Health Services  
 Sponsor: Leman Component: EMS Training & Licensing  
 Requestor: Senate HES COMPONENT SERIAL NO. 297

**Expenditures/Revenues:**

(Thousands of Dollars)

OPERATING	FY94	FY95	FY96	FY97	FY98	FY99
PERSONAL SERVICES	92.4	95.2	98.0	101.0	104.0	107.1
TRAVEL	10.0	10.0	10.0	10.0	10.0	10.0
CONTRACTUAL	45.0	45.0	45.0	45.0	45.0	45.0
SUPPLIES	5.0	5.0	5.0	5.0	5.0	5.0
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>152.4</b>	<b>155.2</b>	<b>158.0</b>	<b>161.0</b>	<b>164.0</b>	<b>167.1</b>

CAPITAL						
REVENUE FUND SOURCE						

**FUNDING:**

(Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	99.4	99.4	99.4	99.4	99.4	99.4
1005 GF/Program Receipts	53.0	55.8	58.6	61.6	64.6	67.7
1006 GF/MHTIA						
Other						
<b>TOTAL</b>	<b>152.4</b>	<b>155.2</b>	<b>158.0</b>	<b>161.0</b>	<b>164.0</b>	<b>167.1</b>

**POSITIONS:**

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year (FY93) impact: None

**ANALYSIS:** (Attach a separate page if necessary)

**Personal Services**

To implement the provisions of SS SB 71 the Section of Emergency Medical Services will require funding for two full time positions in Juneau. These are existing positions which the department will not receive FY94 federal funding for trauma registry activities. The cost estimates for FY95 to FY99 include an 3% annual inflation adjustment.

PCN 06-1654 Research Analyst III, Juneau, Rg. 18, A/B, \$59.2

PCN 06-1657 Clerk Typist III, Juneau, Rg. 8, A/B, \$33.2

Prepared by: Peter M. Nakamura, MD, MPH, Director Phone: 465-3090  
 Division: Public Health Date: 2/16/93  
 Approved by Commissioner: Theodore A. Mala, MD, MPH Date: 3/6/93  
 Agency: Department of Health and Social Services

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**ANALYSIS (cont.):**

**Travel**

The travel cost for conducting the hospital information system (Section 10) implementation will include:

Travel and per diem for the Research Analyst III to train and audit the medical records abstractors who will collect the data for the information system. \$7.0

Travel and per diem costs for information system oversight committee to meet semi-annually to supervise the collection and use of trauma data. These meetings will be held in Anchorage and will be conducted in conjunction with other meetings to contain costs. \$3.0

**Contractual**

Contract medical record abstracting for the patient information systems trauma data. \$45.0

**Supplies**

Computer and office supplies for the patient information system. \$5.0.

Revenue estimates for the patient information system are based the projected annual department cost of \$152.4 for 25 facilities. The hospital fees will be established through regulations and is anticipated to be based upon pro-rated charges for the trauma patient encounters for each facility. Due to the nature of this program and the public health benefits obtained from full cooperation, the department is requesting \$99.4 general fund support in order to keep the facility cost reasonable.

# FISCAL NOTE

3/13/93  
HES thru LFC, PCN

STATE OF ALASKA  
1993 LEGISLATIVE SESSION

BILL NO. SS SB 71

Revision Date: \_\_\_\_\_ Dept. Affected: Health and Social Services  
 Title: An Act relating to emergency services; and repealing obsolete references BRU: State Health Services  
 Component: EMS Training & Licensing  
 Sponsor: Leman  
 Requestor: Senate HESS COMPONENT SERIAL NO. 297

**Expenditures/Revenues:**

(Thousands of Dollars)

OPERATING	FY94	FY95	FY96	FY97	FY98	FY99
PERSONAL SERVICES	92.4	95.2	98.0	101.0	104.0	107.1
TRAVEL	10.0	10.0	10.0	10.0	10.0	10.0
CONTRACTUAL	91.3	91.3	91.3	91.3	91.3	91.3
SUPPLIES	5.0	5.0	5.0	5.0	5.0	5.0
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>198.7</b>	<b>201.5</b>	<b>204.3</b>	<b>207.3</b>	<b>210.3</b>	<b>213.4</b>

CAPITAL						
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REVENUE FUND SOURCE						
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**FUNDING:**

(Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	99.4	99.4	99.4	99.4	99.4	99.4
1005 GF/Program Receipts	99.3	102.1	104.9	107.9	110.9	114.0
1006 GF/MHTIA						
Other						
<b>TOTAL</b>	<b>198.7</b>	<b>201.5</b>	<b>204.3</b>	<b>207.3</b>	<b>210.3</b>	<b>213.4</b>

**POSITIONS:**

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year (FY93) impact: None

**ANALYSIS:** (Attach a separate page if necessary)

**Personal Services**

To implement the provisions of SS SB 71 the Section of Emergency Medical Services will require funding for two full time positions in Juneau. These are existing federal funded positions which will not receive anticipated federal funding in FY94. The cost estimates for FY95 to FY99 include an 3% annual inflation adjustment.

PCN 06-1654 Research Analyst III, Juneau, Rg. 18, A/B, \$59.2

PCN 06-1657 Clerk Typist III, Juneau, Rg. 8, A/B, \$33.2

Prepared by: Peter M. Nakamura, MD, MPH, Director *P.M.* Phone: 465-3090  
 Division: Public Health Date: \_\_\_\_\_

Approved by Commissioner: Theodore A. Mala, MD, MPH *T.A.M.* Date: 3/4/93  
 Agency: Department of Health and Social Services

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**ANALYSIS (cont.):**

**Travel**

The travel cost for conducting the hospital information system (Section 10) implementation will include:

Travel and per diem for the Research Analyst III to train and audit the medical records abstractors who will collect the data for the information system. \$7.0

Travel and per diem costs for information system oversight committee to meet semi-annually to supervise the collection and use of trauma data. These meetings will be held in Anchorage and will be conducted in conjunction with other meetings to contain costs. \$3.0

**Contractual**

Contract medical record abstracting for the patient information systems trauma data. \$45.0

Contract services for health professionals (physicians) to conduct certification review of 7 to 8 hospitals on an annual basis. Estimated cost per facility for an American College of Surgeons team from the Pacific Northwest will be approximately \$5.9. \$41.3

Communication and duplication costs for the patient information system. \$5.0

**Supplies**

Computer and office supplies for the patient information system. \$5.0.

The \$41.3 cost estimate for certification are based upon the assumption that approximately 7 to 8 hospital facilities will be reviewed on an annual basis. This review process is voluntary and in order to encourage participation, the department is requesting that 50% of this service be supported with general funds.

Revenue estimates for the patient information system are based the projected annual department cost of \$157.4 for 25 facilities. The hospital fees will be established through regulations and is anticipated to be based upon pro-rated charges for the trauma patient encounters for each facility. Due to the nature of this program and the public health benefits obtained from full cooperation, the department is requesting 50% general fund support in order to keep the facility cost reasonable.

# SENATOR LOREN LEMAN

Northwest Anchorage

3111 "C" Street Anchorage, AK 99503 561-7614 During Session: State Capitol Juneau, AK 99801 465-2095

March 11, 1993

TO: SENATOR DRUE PEARCE, Co-Chairman  
Senate Finance Committee

FROM: SENATOR LOREN LEMAN  
Sponsor

RE: SS SB71: An Act relating to emergency medical services;  
and repealing obsolete references to the Statewide Health  
Coordinating Council and health systems agencies.

## SPONSOR STATEMENT

This legislation allows the Department of Health and Social Services to set standards for Mobile Intensive Care Paramedic training programs in Alaska. Currently, paramedics must be trained outside of the state.

Because traumatic injury continues to be the number one killer of Alaskans, it is important to support a statewide trauma care system. SS SB71 allows the department to regulate VOLUNTARY compliance for trauma centers.

The patient care information system is an efficient method of evaluating standards of care, quality of care and modifies training programs to meet geographic needs. Injury prevention programs can be planned in conjunction with these data.

The EMS program in Alaska crosses all geographic boundaries. There is broad support for this legislation.



# SENATOR LOREN LEMAN

Northwest Anchorage

3111 "C" Street Anchorage, AK 99503 561-7614 During Session: State Capitol Juneau, AK 99801 465-2095

March 11, 1993

TO: SENATOR DRUE PEARCE, Co-Chairman  
Senate Finance Committee

FROM: SENATOR LOREN LEMAN  
Sponsor

RE: SS SB71: An Act relating to emergency medical services;  
and repealing obsolete references to the Statewide Health  
Coordinating Council and health systems agencies.

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The patient care information system is an efficient method of evaluating standards of care, quality of care and modifies training programs to meet geographic needs. Injury prevention programs can be planned in conjunction with these data.

The EMS program in Alaska crosses all geographic boundaries. There is broad support for this legislation.

# STATE OF ALASKA

## DEPARTMENT OF HEALTH AND SOCIAL SERVICES

### DIVISION OF PUBLIC HEALTH

WALTER J. HICKEL, GOVERNOR

P.O. BOX 110610  
JUNEAU, ALASKA 99811-0610  
PHONE: (907) 465-3090

March 16, 1993

The Honorable Senator Steve Frank  
Co-Chairman, Senate Finance Committee  
Alaska State Legislature  
Room 518  
State Capitol  
Juneau, AK 99801-1182

Dear Senator Frank:

Since Mark Johnson of my staff did not have enough time in the Senate Finance Committee Hearing to answer all of your questions about the Sponsor Substitute for Senate Bill No. 71, I am providing the following answers to your questions.

- 1) Can the provision of SS for SB 71 be carried out by the Regional EMS offices?

Answer, Partially

The EMS Regions primarily provide training, certification testing (using examinations issued by this department), and continuing medical education classes. They also give mini-grants to small, volunteer ambulance services and assist in identifying needs for capital equipment. Therefore, we agree that the EMS Regions are the most capable organizations to meet the training and education requirements of Section 9 of this bill. According to Mark Johnson, the EMS regional directors have stated that the minimum amount of money they would need to address the trauma training requirements of this bill would be \$150.0.

Other sections of SS for SB 71, however, cannot be carried out by the EMS Regions. In particular, the provisions of Sections 15, 16, 17 of this bill relate to state licensing and certification functions which cannot be done by nonprofit corporations. By being certified or licensed, EMS providers are authorized by law to perform medical procedures that they otherwise would not be able to perform legally. They also get some immunity from liability protection which could not be provided by the non-profit Regional EMS Councils.

- 2) Why do we need more staff and money in the state bureaucracy?

Answer, No new staff will be added and program receipts will be passed through to contract abstractors and medical site review teams.

This bill would not add staff, it would only retain staff necessary to carry out the programs currently funded by a federal grant which expires this year. The Alaska Trauma Registry is a very valuable and unique data system, and we cannot continue this system without the Research Analyst

The Honorable Senator Steve Frank  
March 16, 1993  
Page 2

III, Clerk Typist III, and contract money for data abstracting. This data system not only helps hospitals and ambulance services evaluate the quality and effectiveness of patient care, it also gives us valuable information to determine causes and severity of injuries so we can develop strategies to prevent many of these injuries. This, we believe, will help save the costs of treating some injuries in the future, so a little amount of money invested now may save a lot of money in the future.

About one-half of the proposed fiscal note on SS for SB 71 is simply program receipt authority to collect fees to pay for such things as Trauma Registry abstracting and Trauma Center reviews. The contract money avoids the need to have state employees for abstracting data from the Trauma Registry, and the other fees are necessary to pay for medical teams to review hospitals applying for trauma center status. None of the money in the program receipt category will be used to support the state EMS office. However, if we ask hospitals to pay medical review teams directly when they apply for trauma center review, we would not need to collect money for these reviews. Therefore, we can reduce the program receipt category in the fiscal note by \$41.3. We also have discovered a \$5.0 error in our original proposed fiscal note, so we are reducing the requested fiscal note by \$46.3 in program receipts.

Therefore, our revised fiscal note reflects a reduction of \$46.3 from our original request for this department. Mark S. Johnson, Chief of our EMS Section, will be able to offer more detailed explanations of this fiscal note if you have additional questions.

I believe SS for SB 71 will help provide significant improvements in Alaska's statewide EMS system, which serves approximately 45,000 people each year in this state. I sincerely hope that we can develop a fiscal note for this bill which is acceptable to both the Legislature and the Administration.

Sincerely,



Peter M. Nakamura, MD, MPH  
Director  
Division of Public Health

cc: Senator Drue Pearce, Co-Chairman, Senate Finance Committee  
Senator Loren Leman  
Senate Finance Committee Members

SECTIONAL ANALYSIS OF SSSB 71: "An Act relating to emergency medical services; and repealing obsolete references to the Statewide Health Coordinating Council and health systems agencies."

Prepared by: Annette Kreitzer, Staff  
Senator Loren Leman, Sponsor

Sections 1 - 8: The language removing (physician-trained) from before MICP is a housekeeping measure due to the parts of the paramedic program which allow for instruction by medical professionals in addition to physician instruction. The course must be taught under the direction of a physician licensed in the state in which the training takes place.

Currently mobile intensive care paramedics are licensed by the state Medical Board through the Department of Commerce and Economic Development's Division of Occupational Licensing.

Applications for paramedic licensing are currently being sent by the Division of Occupational Licensing to the Department of Health and Social Services Emergency Medical Services section for evaluation and recommendations.

Section 9: This section would allow the Department to set criteria to designate hospitals as trauma centers. The designation is based on voluntary entrance to the system by the hospitals.

Section 10: Establishes a system for collecting data from agencies and facilities providing emergency medical services and for using the data to improve EMS. Most of the data in the proposed minimum data set are being provided voluntarily. The system would be developed with consultation from the Alaska Council on EMS.

Section 11: Changes the name of the Council to more accurately reflect its expanded membership and purpose and states that it will advise the Governor, in addition to the Commissioner of the Department of Health and Social Services. The latter change is proposed because many of the issues, such as EMS communications, are the responsibility of several departments.

Section 12: This section revamps the membership of the Council on Emergency Medical Services. This has been done in consultation with the regional EMS groups to provide for physician involvement and to ensure adequate representation of those involved in day-to-day EMS activities. ONE AMENDMENT HAS BEEN SUGGESTED BY THE SOUTHEAST REGIONAL EMS COUNCIL WITH REGARD TO THE COMPOSITION OF THE ALASKA EMERGENCY MEDICAL SERVICES COUNCIL.

*From Sen. Leman  
3/15/93*

Sections 13: Expands the authority of the department to adopt regulations to charge fees for certification and licensing of organizations.

Section 14: Provide for certification of emergency medical dispatchers; and expands the authority of the EMS Section, Department of Health and Social Services to set standards for Mobile Intensive Care Paramedic Training Programs. Presently any advanced life support services provided by an EMT must be written on the certificate of that EMT. This measure allows for those advanced life support services to be written on a separate document and filed with the Department of Health and Social Services after the measures have been approved by the department.

Section 15: Since the state will be certifying emergency medical dispatchers, others cannot represent themselves as "state certified" emergency medical dispatchers. The act would not preclude non-certified dispatchers from providing pre-arrival instructions.

Section 16: This wording adds the trauma centers to the list of entities which cannot advertise as being licensed or certified by the state unless they are.

Anyone offering paramedic training must be certified by the state to conduct paramedic training.

Section 17: This section limits liability for providing pre-arrival instructions with the exceptions of gross negligence or intentional misconduct.

Section 18: Includes state certified EMT instructors in the immunity from liability protections listed in AS 18.08.086. (Based on the increasing call for instructors to carry malpractice insurance, which is infeasible.)

Section 19: Allows physicians and other health care providers to disclose information about a patient to EMS or paramedics involved in the patient's care. It also prohibits the EMT or paramedic from disclosing this information to a person not entitled to receive it.

Section 20: Adds trauma care to the emergency medical services system.

Section 21: Adds new definitions to AS 18.08.090.

Section 22: Adds paramedic to definition.

Section 23: Deletes obsolete references to the non-existent statewide health coordinating council. Sections of federal law creating this council were repealed in 1981, 1986 and 1987.

Section 24: Amends AS 47.24.010(a) to make wording regarding paramedics consistent.

Section 25: Amends AS 47.24.110(a) to make wording consistent.

Section 26: Deletes obsolete references to the statewide coordinating council.

Section 27: 18.07.011, 18.07.111(7), 18.07.111(10), 18.08.090(11), and 47.30.475(3)(4) all deal with obsolete references to the statewide coordinating council.

Section 28: Assures transition of membership from the Advisory Council on EMS to the Alaska Council on Emergency Medical Services established under this Act.

Continues the regulations adopted by the State Medical Board for paramedic licensure until new regulations are adopted by Department of Health and Social Services, and allows DHSS to administer the current regulations.

## Position Paper

### Sponsor Substitute for Senate Bill No. 71

"An Act relating to emergency medical services; and repealing obsolete references to the Statewide Health Coordinating Council and health systems agencies."

The major provisions of Sponsor Substitute for Senate Bill No. 71 amend AS 18.08. Emergency Medical Services.

- 1) Expand authority of the EMS Section, Department of Health and Social Services to set standards for Mobile Intensive Care Paramedic training programs;
- 2) Expand the authority of the Department of Health and Social Services to address statewide trauma care system development and to establish standards for the certification of trauma centers;
- 3) Require the Department of Health and Social Services to establish an EMS patient care information system and require EMS organizations and hospitals to provide data;
- 4) Change the name of the State Advisory Council on Emergency Medical Services to the Alaska Council on Emergency Medical Services, provide that the Council advise the Governor and the Commissioner of Health and Social Services on EMS issues, and specify the types of EMS system providers to be appointed by the Governor;
- 5) Expand the authority of the department to adopt regulations to charge fees for certification and licensing of organizations;
- 6) Provide for certification of emergency medical dispatchers;
- 7) Provide for the disclosure of medical records information to pre-hospital EMS providers for quality of care review and education; and
- 8) Include state certified EMT instructors in the immunity from liability protections listed in AS 18.08.086. Other provisions of this bill would delete references to the Statewide Health Coordinating Council and health systems agencies, which no longer exist, and delete the words "physician trained" in statutory references to mobile intensive care paramedics (MICP's), to more accurately reflect that MICP's are trained by a combination of physicians, nurses, and other paramedics.

Currently, under AS 18.08, the EMS Section in the Department of Health and Social Services has the responsibility for the development, implementation, and maintenance of a statewide comprehensive emergency medical services system and has adopted regulations for the certification of basic and advanced level emergency medical technicians (EMT's), EMT instructors, EMT training courses, basic and advanced life support ambulance services, medevac services, critical care air ambulance services, specialty aeromedical transport teams, defibrillator technicians, and Emergency Trauma Technician instructors and courses. A comprehensive planning guide has been developed and periodically updated listing goals and recommendations for a comprehensive, statewide EMS system.

The EMS Section also administers grants to EMS Regions for EMS system development. Most of the money from these grants is used to support regional EMS offices and to provide resources for EMS training, continuing medical education, and certification testing.

The amendments to state EMS legislation provided in Senate Bill No. 71 address recommendations made by a national team of EMS experts who visited Alaska in September, 1992, to conduct a comprehensive review and evaluation of Alaska's EMS system. The review team identified several strengths and a few weaknesses in Alaska's EMS system and noted that, "The current statutes are not comprehensive in that they lack the ability to fully develop, implement, enforce, and monitor the complete development of EMS activities. Such essential elements as facility assessment, categorization of facilities, trauma center designation, emergency medical dispatch training and certification, dedicated system funding for administration and service provision (sic), and comprehensive immunity for all system participants is missing." (A copy of this report is available from the EMS Section, DHSS).

### Discussion

- 1) Expand authority of the EMS Section, Department of Health and Social Services to set standards for Mobile Intensive Care Paramedic training programs.

Mobile Intensive Care Paramedics are the highest trained members of the pre-hospital EMS system. Currently, the EMS Section certifies the ambulance services that MICP's work with, and EMS Section staff review all initial MICP applications prior to licensing by the Alaska State Medical Board, according to a Memorandum of Agreement. All MICP regulations and amendments adopted by the Medical Board were written with input and extensive

involvement from EMS Section staff and the Advisory Council on EMS.

The national team of EMS experts which evaluated Alaska's EMS system in September, 1992, recommended that, "Alaska should re-establish EMT-Paramedic (MICP) training within the State." Although the Alaska State Medical Board currently has authority to license mobile intensive care paramedics, according to an Attorney General's opinion, it does not have the authority under existing statutes to license instructors or paramedic courses in Alaska. By expanding the authority of the EMS Section, DHSS, a process could be established to certify paramedic instructors and courses.

- 2) Expand the authority of the Department of Health and Social Services to address statewide trauma care system development and to establish standards for the certification of trauma centers.

Traumatic injury, both intentional and unintentional combined, is still the number one cause of death and disability in Alaska. To address this serious public health problem requires a comprehensive statewide trauma care system focusing on three major components: injury prevention, trauma treatment, and rehabilitation. According to a national consensus standard developed by the National Highway Traffic Safety Administration: "To provide a quality, effective system of trauma care, each state must have in place a fully functional EMS system. Enabling legislation should exist for the development of the trauma system component of the EMS system. This should include Trauma Center designation (using American College of Surgeons Committee on Trauma, American College of Emergency Physicians Committee on Trauma, and other national standards as guidelines), triage and transfer guidelines for trauma patients, data collection and trauma registry definitions and mechanisms, mandatory autopsies, systems management, and quality assurance for the system's effect on trauma patients. Rehabilitation is an essential component of any statewide trauma system."

Currently, almost one-half of the states have the authority to designate trauma centers. According to an Attorney General's opinion, the Alaska Department of Health and Social Services currently does not have this authority. Under this bill, the department would have the authority to establish standards for various levels of trauma care centers, and hospitals and clinics could

voluntarily decide to apply for certification. Applications for certification at a particular level of trauma center would demonstrate a commitment of medical care facilities to a certain standard of care, and it would help pre-hospital care providers, EMS medical directors, and others to determine the levels of capabilities of various facilities throughout the state. A statewide task force recently has been formed to help set trauma care standards for prehospital emergency medical services and medical facilities throughout Alaska.

- 3) Require the Department of Health and Social Services to establish an EMS patient care information system and require EMS organizations and hospitals to provide data.

Most of a comprehensive EMS patient care information system has already been developed, but at this time participation is voluntary. A statewide trauma registry has been developed and all 25 acute care hospitals in Alaska have agreed to participate. This system collects data on all traumatic injury patients whose injuries are serious enough to result in hospitalization or death. Data is used for quality of care review and to study the epidemiology of serious injuries so injury prevention programs can be developed and evaluated. An annual survey of pre-hospital emergency medical services also is conducted, with approximately 75% to 80% of Alaska's EMS organizations providing data on numbers and types of responses, available resources, etc.

Under this proposed legislation, participation in these patient care information systems would be mandatory rather than voluntary.

- 4) Change the name of the Advisory Council on Emergency Medical Services to the Alaska Council on Emergency Medical Services, provide that the Council advise the Governor and the Commissioner of Health and Social Services, and mandate a particular mix of providers and consumers.

The Advisory Council on Emergency Medical Services was established in 1977 under AS 18.08.020. Eleven members are appointed by the Governor, of which four must be consumers. Current legislation does not specify the types of providers who should be appointed. Recognizing that the EMS system includes physicians, nurses, paramedics, EMT's, etc., it seems appropriate that the State EMS Council should include representatives from all

of these provider groups. The Council also addresses some issues which go beyond the authority of the Department of Health and Social Services, such as EMS radio communication systems, 911 central access numbers, medical aspects of disaster response, etc.

- 5) Expand the authority of the Department of Health and Social Services to charge fees for certification and licensing of organizations.

Currently the EMS Section charges fees for certification testing. To keep costs to the state on this legislation as low as possible, it would be necessary for the department to charge fees to implement the new requirements of this bill. For example, if it is determined that a site review team is necessary in order to verify that a hospital meets a certain level of trauma center criteria, the department may require the applicant to pay for all or part of the cost of the site visit. Hospitals and other medical providers also would be charged fees to support the statewide data collection system, such as the Statewide Trauma Registry.

- 6) Certification of Emergency Medical Dispatchers.

In recent years, new courses have been developed to provide specialty training for dispatchers of emergency medical services. This training includes pre-arrival instructions to callers, so certain types of first aid procedures can be initiated by bystanders or family members prior to the arrival of the ambulance. Expanding the authority of the EMS Section to certify these people would provide them with similar immunity from liability protections that EMT's and mobile intensive care paramedics already have, and it may provide an incentive for more dispatchers to receive this training.

- 7) Provide for disclosure of medical records information to pre-hospital EMS providers for quality of care review and education.

Currently, Alaska law does not address the issue of providing hospital medical records information to pre-hospital providers. This would help clarify the legalities of this issue for EMS medical directors who need to use medical records information to give feedback to pre-hospital EMS providers in order to review the care that was provided to a patient. It also would clarify the issues pertaining to the confidentiality of this data.

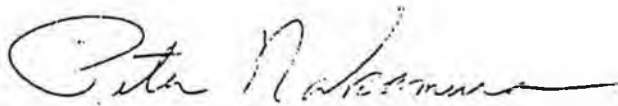
- 8) Include state certified EMT instructors in the immunity from liability protections listed in AS 18.08.086.

Recently, the University of Alaska Fairbanks Risk Management Office established a requirement that contract EMT Instructors must carry malpractice insurance to cover the possibility of injury to students during EMT training classes. This insurance is expensive, difficult to obtain, and may result in a reduction in the number of EMT Instructors willing to teach courses on a part time, contractual basis.

Position

The Department of Health and Social Services strongly supports passage of Sponsor Substitute for Senate Bill No. 71, because it would give the department the authority to fully implement, enforce, and monitor the continued development of a comprehensive Emergency Medical Services system in Alaska, and it should provide the direction to further improvements in Alaska's EMS system for the benefit of all EMS patients.

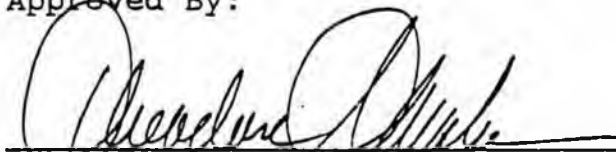
Recommended By:



Peter M. Nakamura, MD, MPH  
Director  
Division of Public Health

3/2/93  
Date

Approved By:



Theodore A. Mala, MD, MPH  
Commissioner  
Department of Health & Social Services

3/4/93  
Date

# THE ALASKA TRAUMA REGISTRY

Steven J. Kilkenny, M.D., F.A.C.S.<sup>(1)</sup>

Martha A. Moore, M.S.<sup>(2)</sup>

Barbara L. Simonsen, R.N.<sup>(1)</sup>

Mark S. Johnson, M.P.A.<sup>(2)</sup>

## ABSTRACT

Recognizing that injury is the leading cause of death and disability for virtually all age groups in Alaska, a trauma task force was developed in the Anchorage area in the early 1980s. This task force established the trauma registry pilot project in the state of Alaska. The Emergency medical Services Section, Department of Health and Social Services provided the funding to the Southern Region Emergency Medical Services Council, Inc. and the Alaska Chapter of the American College of Surgeons Committee on Trauma to develop this pilot project. The funding originated from a federal grant from the National Highway Traffic Safety Administration.

Seven hospitals participated in the pilot project which lasted approximately two and one half years. There were 5,087 entries into the registry with information on 4,860 patients. The rationale, methodology, and development of the registry, as well as some of the data accumulated, is presented. The potential usefulness of the registry as a quality improvement tool and as an extensive data base for injury prevention and trauma care research also is discussed.

## INTRODUCTION

### PROBLEM

Intentional and unintentional injuries combined are the leading causes of death and disability among most age groups in Alaska. In fact, death rates from firearms, falls, drownings, and unintentional poisonings rank Alaska in the 90th percentile nationally. Fire and burn death rates, as well as homicide and suicide rates, place Alaska in the 75th percentile (1). Alaska's occupational fatalities are four times the national average and the highest rate in the country (2). All-terrain vehicle crashes, automobile crashes, airplane crashes, and domestic violence remain serious problems for the Alaska population as well.

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(2) Emergency Medical Services, Department of Health and Social Services, P.O. Box 110616, Juneau, Alaska 99811-0616.

Injuries are the leading cause of childhood death in Alaska (3). Alaska also has the highest injury death rate among children to age 14 of any state in the country. The injury death rate in the pediatric population, at 33.9 per 100,000, is 1.8 times the national average (19.3 per 100,000) (Table 1). Death rates due to pedestrian-traffic, bicycle crashes, suffocation, fire, and drowning are among the highest in the country (3).

Table 1.  
INJURY DEATH RATES BY CAUSE  
ALASKA CHILDREN AGES 0-14, 1980-1985

Injury Cause	Alaska Total	Alaska Rate 1980-1985 Deaths/100,000/yr	US Rate 1980-1985 Deaths/100,000/yr
Drowning	52	6.9	2.8
House Fire	38	5.1	2.3
Homicide	23	3.1	1.9
Other Unintentional	23	3.1	0.2
Pedestrian, Traffic	22	2.9	2.4
Airplane Crash	16	2.1	0.1
Motor Vehicle Occupant	15	2.0	3.2
Firearm, Unintentional	14	1.9	0.6
Other Motor Vehicle	13	1.7	1.2
Suffocation	11	1.5	0.7
Suicide	6	0.8	0.4
Aspiration	4	0.5	0.4
Bicycle	3	0.4	0.7
Pedestrian, Non-Traffic	3	0.4	0.4
Unknown Intent	3	0.4	0.4
Motorecycle	2	0.3	0.2
Poison, Solid/Liquid	2	0.3	0.2
Electric Current	2	0.3	0.1
Poison, Vapor	1	0.1	0.2
Medical/Surgical	1	0.1	0.1
All Injury	254	33.9	19.3

## TRAUMA CARE SYSTEMS

It is clear from this data that injury is a major public health problem in our state. Although many other public

collection began in March, 1988, with a trauma registry software package borrowed from, and coordinated with, Richard Cales, M.D., FACEP, who was Chairman of the Trauma Committee of the American College of Emergency Physicians. The information was collected from medical records by medical records technicians or emergency nurses of participating hospitals through chart audit, and recorded on data sheets developed by the review committee. This data was in turn sent to the Southern Region EMS Council, Inc. in Anchorage where it was entered into a computer.

Criteria for entry into the trauma registry includes the following: all admissions to a hospital as a direct result of intentional or unintentional traumatic injury; all people dead on arrival due to traumatic injury; all hospital deaths due to traumatic injury; and all trauma patients that are transferred to another hospital. Patients treated in the emergency department and released are not included.

### ALASKA TRAUMA REGISTRY: CURRENT STATUS

In April of 1990, the trauma registry system was transferred to the Emergency Medical Services Section of the Division of Public Health in Juneau. Since that time, the registry has expanded to a statewide system which now includes all of Alaska's 25 acute care hospitals. The Alaska Trauma Registry has become an injury surveillance component of the statewide Injury Prevention and Control Program and now receives major funding from the U.S. Public Health Service, Centers for Disease Control in Atlanta, Georgia.

Data from hospitals throughout Alaska, as well as data from Seattle's Harborview Trauma Center Registry on transported Alaska patients, and vital statistics data on prehospital trauma deaths, is now entered into the registry, making the database a near-complete injury surveillance system for traumatic injuries severe enough to result in hospitalization or death.

Trauma registry data complements other data sources to enable in-depth study of serious injury in Alaska. Its capabilities in focusing on the circumstances of injury, high risk groups, the impact of alcohol and other drug abuse, the use of safety equipment, and the costs of injury make it a valuable data source. Specific strategies for injury prevention technology, public education, and legislation can be targeted as well as evaluation of their effectiveness.

### TRAUMA REGISTRY REPORTS

The Trauma Registry Review Committee provides quarterly reports for all participating hospitals. These quarterly reports consist of 1) a patient log, 2) a trauma service summary, 3) a quality assurance summary, and 4)

a survival probability summary.

The patient log is a listing of all patients entered into the registry for each hospital by trauma registry number and medical record number. The trauma service summary is a basic summary of the data surrounding the injury including etiology, place of occurrence, transport and admission data, procedures, length of stay, hospital charge and outcome. Samples of this data are presented.

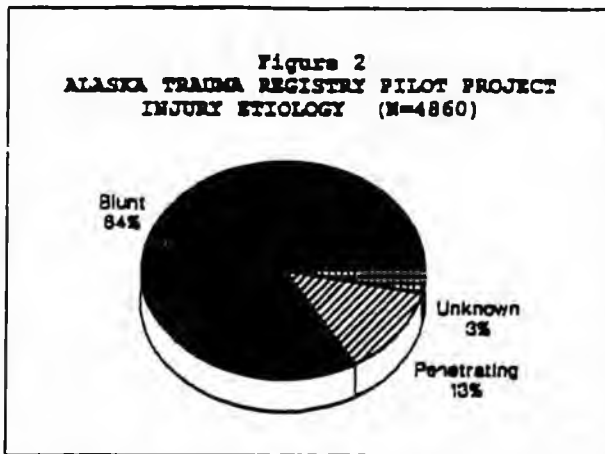
The third report is a quality assurance item which contains multiple audit filters. The purpose of these audit filters, or clinical indicators, is to identify potential problems regarding the timeliness, appropriateness, and consequences of care. A number of these audit filters have been suggested by the American College of Surgeons Committee on Trauma and are listed in Appendix A.

The fourth report generated is the survival probability summary, which utilizes the TRISS method - Trauma Score and Injury Severity Score - for comparing patient outcomes (8). Patient survival and functional outcome are important determinants of care. The probabilities of survival are computed for each patient entered into the trauma registry based on a regressive equation that takes into account the following: 1) patient age, 2) severity of anatomical injury as measured by the Injury Severity Score, 3) the physiological status of the patient on admission based on the revised trauma score, and 4) the type of injury - blunt or penetrating. The TRISS scale outcome norms have been calculated from the large sample of patients in the Major Trauma Outcome Study and are standardized for most types of injuries. An exception is patients with multiple severe injuries for whom the outcome prediction method is still in evolution. The survival probability summary examines all patients who expire, to determine whether the outcome is expected or unexpected. If the calculated probability of survival indicates that a patient should have survived but did not, this is considered a potentially unexpected death. Unexpected survivors are considered therapeutic triumphs.

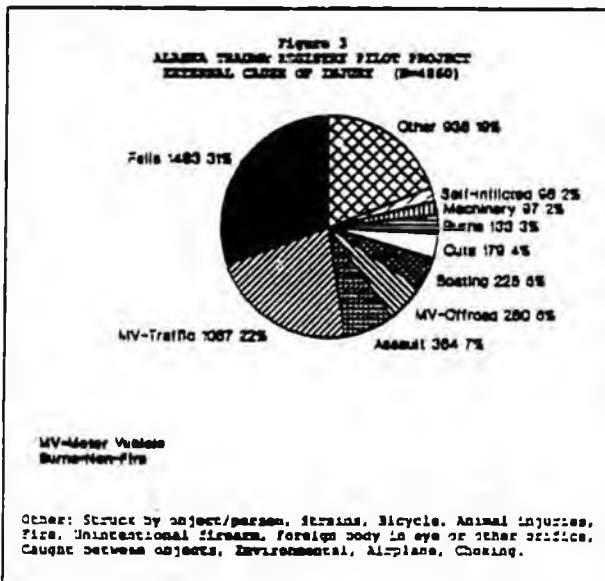
The trauma registry itself makes no judgment or attempt to assess the quality of care. Rather, the audit filters flag cases for further review by hospital medical staffs to evaluate the appropriateness of care. In this way the trauma registry remains purely a tool for the accumulation of data and information, which can be used for research, quality improvement, and most importantly, the fine tuning of Alaska's trauma system.

The data being reported and the frequency of reporting is still in evolution, and participating hospitals have been encouraged to help in determining the need for customized reports and changes in reporting patterns. The goal is to streamline the process to provide useful, sophisticated, and timely reports. Other data in the system is available to epidemiologists and others who may

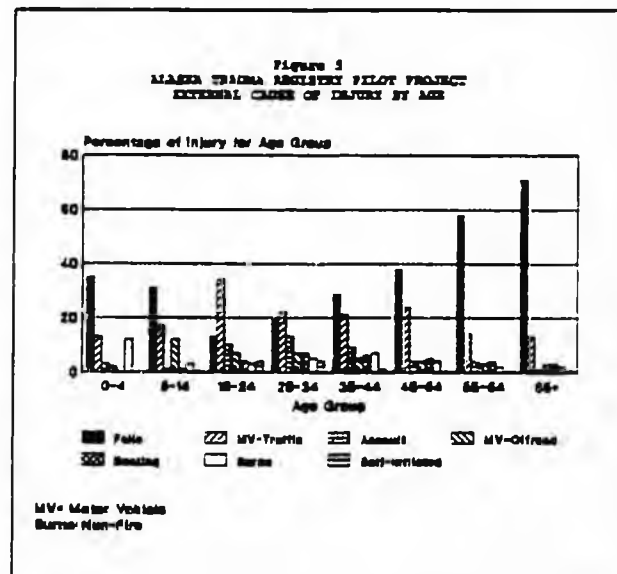
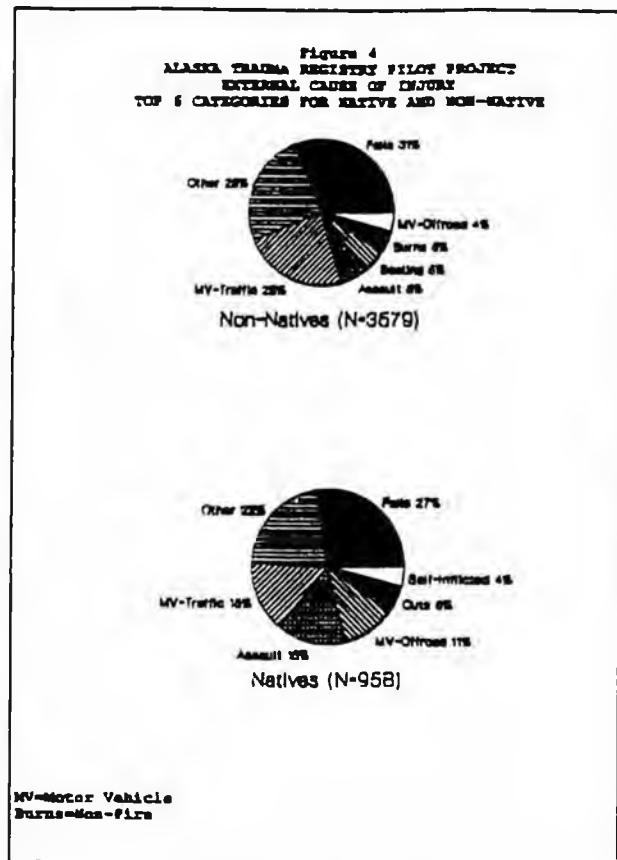
Of the 4,860 patients entered into the study, 84 percent suffered blunt injury, 13 percent suffered penetrating injury, and for 3 percent, injury etiology was undetermined (Figure 2).



The most frequent cause of injury was falls, followed by motor vehicle traffic crashes (Figure 3). Among Alaska Natives, assault, off-road motor vehicle crashes, cuts, and intentional self-inflicted injuries occurred at much higher rates than in the non-Native group (Figure 4).



It is interesting to note that in the 35 and older age groups there is a greater percentage of injury from falls (Figure 5). Percentage of injuries from motor vehicle crashes peaks in the 15 through 24 year age group, remains high through age 54, then decreases with age. Falls were also the greatest cause of injury in the pediatric population, age 0-14, and burns were a common problem among children under age 5. Off-road motor vehicle crashes were highest among 5 to 14 years old, then decreased with age. Intentional injury becomes prevalent

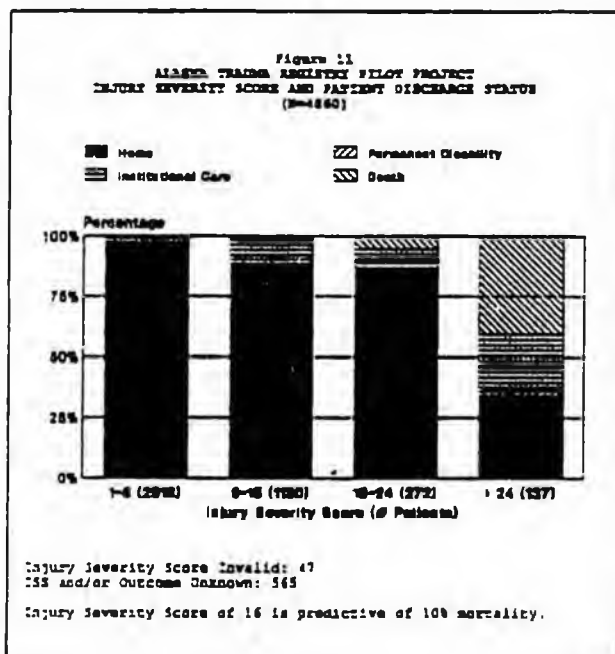


after age fifteen and starts to decline after age 35.

The mechanisms of injuries were looked at in relation to the highest percentage of mortalities and the average lengths of hospital stay, including intensive care unit (ICU) stays (Figure 6). Clearly, intentional self-inflicted injuries carry the greatest percentage mortality at 14%, followed by motor vehicle crashes, fires, then assaults and unintentional gunshot wounds. Injury due to fire resulted in the longest average hospital stay of 14 days per patient, with motor vehicle traffic crashes coming in

vascular, or cranial surgery more than 24 hours after admission. The average number of hospital days per patient was 8.4. The average number of ICU days per patient was 6.1.

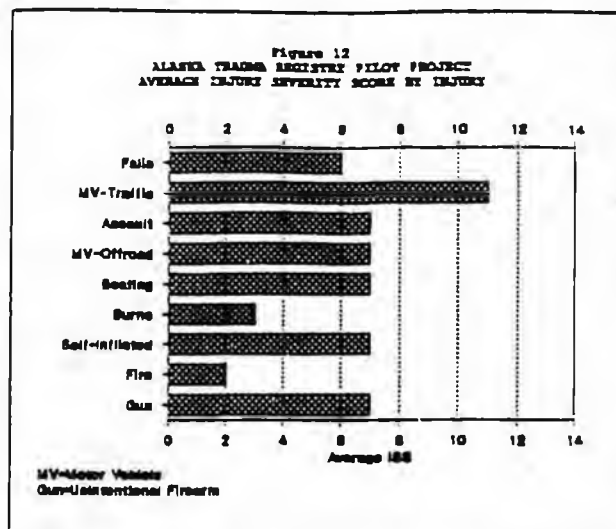
The Injury Severity Score is an index of anatomic injury severity on a scale from 1 to 75, with 75 being the most severe. A patient's injuries are classified by six body regions and scored on a scale from one to six based on the most serious injury in that region. The top three scores are then squared and summed to obtain the Injury Severity Score. The Injury Severity Score closely correlates with the morbidity and the functional discharge status of the patient (Figure 11). There were more than 400 severely injured patients (i.e. an injury severity score predictive of at least 10 percent mortality). Motor vehicle crashes clearly account for the higher injury severity scores, meaning that these are more serious injuries (Figure 12).



## CONCLUSIONS

A major public health problem facing Alaska has been identified - death and disability from traumatic injury. Our goal is to decrease suffering, prevent loss of productivity, and more importantly, help the public avoid permanent disability or loss of life from injury. The development of a strong trauma system and effective injury prevention programs is essential to this process. The trauma registry will become a tremendously valuable tool in the continual reassessment of Alaska's trauma system, and will help identify and evaluate objectives for injury prevention.

The evaluation of care requires analysis of multidisciplinary components which all play very important roles in the total care delivered to the severely



injured, as well as to those less severely injured. The trauma registry serves as the beginning of the standardization process necessary to perform continued evaluation and assessment of the quality of care rendered to the injured patient. It is essential that this data be consistent and accurate and that it be used as a measurement of the system's effectiveness. As part of these objectives, a number of audit filters, or clinical indicators, have been identified that mark cases for review. These filters, recommended by ACSCOT for all trauma registries, are included in the quality assurance summary report (see Appendix A for listing).

Currently, all 25 acute care hospitals in Alaska have agreed to participate in the trauma registry. Within two or three years, it is anticipated that we will interface with the developing national trauma registry and therefore be able to compare our data and quality of care to national standards.

Of major importance in the establishment of a safer society is the education of the public and the implementation of passive and active prevention programs which will decrease the incidence or severity of injuries. Data from the trauma registry also will enable us to approach the legislature and other governmental bodies in more meaningful ways as we attempt to influence the creation of laws or public policies dealing with injury-causing activities in this state. The establishment of a trauma registry in Alaska may be one of the most significant developments in the public health arena with respect to injury control in the last two decades.

## APPENDIX A

### QUALITY ASSURANCE AUDIT FILTERS

1. Ambulance scene time greater than 20 minutes;
2. Absence of ambulance report on medical record for patient transported by pre-hospital EMS personnel;

# SENATE COMMITTEE REPORT

DATE: 3/8/93

FURTHER: FINANCE

DATE TURNED INTO OFFICE: \_\_\_\_\_

L&C Committee considered SPONSOR SUBSTITUTE FOR SENATE BILL NO. 71

"An Act relating to emergency medical services; and repealing obsolete references to the Statewide Health Coordinating Council and health systems agencies."

and recommends:

- replace with \_\_\_\_\_ CS \_\_\_\_\_ )  
or  adopt previous \_\_\_\_\_ CS \_\_\_\_\_ )  
 attaches amendment(s)

- same title  
 new title  
 technical title change (HB only)

adopts \_\_\_\_\_ Letter of Intent

further referral to the \_\_\_\_\_

do pass

do not pass

no recommendation

individual recommendations

### NEW FISCAL NOTES

Department	Date	Zero	Fiscal

### PREVIOUS FISCAL NOTES

Department	Date	Zero	Fiscal

Appropriation No Fiscal Note

**DO PASS.**

**OTHER RECOMMENDATIONS:**

\_\_\_\_\_  
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Chair: Signature and Recommendation

**SENATE COMMITTEE REPORT**  
FIRST COMMITTEE OF REFERRAL

*John*

DATE: 1/25/93  
2/26/93--SS intro

FURTHER: L&C  
FINANCE

Date of 5-Day Notice: 2/25/93  
(in accordance with Uniform Rule 23)

DATE TURNED INTO OFFICE: 3-8-93

HES SPONSOR SUBSTITUTE FOR  
Committee considered <sup>SS</sup> SENATE BILL NO. 71  
<sub>For</sub>

~~"An Act relating to emergency medical services; and repealing obsolete references to the Statewide Health Coordinating Council and health systems agencies."~~

and recommends:

replace with \_\_\_\_\_ CS \_\_\_\_\_

*and report it back as follows*

- same title
- new title
- technical title change (HB only)

attaches amendment(s)

adopts \_\_\_\_\_ Letter of Intent

further referral to the \_\_\_\_\_

do pass

do not pass

no recommendation

individual recommendations

*FH  
OK*

FISCAL NOTE INFORMATION

Department	Date	Zero	Fiscal
HES - Publications	3/4		198.7
CEC - Occup. Lic.	3/4	X	

Department	Date	Zero	Fiscal

Appropriation No Fiscal Note

Governor's Bill with Previous Fiscal Notes (enter information above)

DO PASS

*J. Duncan*  
*Al Ellis*  
*Drew A. Lemaw*

OTHER RECOMMENDATIONS:

*START*  
*Robert Murphy No Rec*

*Drew A. Lemaw* *No Rec*  
Chair: Signature and Recommendation



# SENATOR LOREN LEMAN

Northwest Anchorage

3111 "C" Street Anchorage, AK 99503 561-7614 During Session: State Capitol Juneau, AK 99801 465-2095

March 17, 1993

TO: SENATOR DRUE PEARCE, Co-Chair  
Senate Finance Committee  
SENATOR STEVE FRANK, Co-Chair  
Senate Finance Committee

FROM: SENATOR LOREN LEMAN  
Sponsor

A handwritten signature in cursive script, reading "Loren Lemman", written over the typed name in the "FROM:" field.

RE: SSSB71: An Act relating to emergency medical services;  
and repealing obsolete references to the Statewide Health  
Coordinating Council and health systems agencies.

With the amendments to SSSB 71 offered by Senator Rieger, I believe that the fiscal note can be reduced to accommodate the desires of the Finance Committee. These amendments, if adopted, will allow the Department of Health and Social Services to continue receiving information for patient information and will allow hospitals to apply to be certified as trauma centers.