

EXHIBIT D

DEPARTMENT OF HEALTH, CENTER FOR HEALTH PROTECTION

SUBJECT: Proposed Revisions to the Rules and Regulations for Trauma Systems

DESCRIPTION: The revisions to this document are extensive and are the result of approximately two year's work by the Arkansas Department of Health, the Governor's Trauma Advisory Council (TAC), the Arkansas Hospital Association, the Arkansas Medical Society, the Arkansas Ambulance Association, the Arkansas Emergency Medical Technicians' Association, and a variety of other stakeholders. The primary reasons for the revisions are as follows:

1. To bring the rules in line with national standards.
2. To provide for consistency with the Trauma System Acct as well as internal ADH Trauma Section documents pertaining to hospital designation and other areas.
3. To improve readability in terms of substantive language as well as formatting.

Although all sections of the document contain revisions, some of the major areas of revision are as follows:

1. Section I. Definitions and Acronyms (additions, deletions, and some changes in language).
2. Section IV. Prehospital Triage and Transport (utilization of the Arkansas Trauma Communications Center (ATCC) and new triage/transport guidelines. This language mirrors that found in recently revised *Rules and Regulations for Emergency Medical Services*).
3. Section V. Triage Requirements for Trauma Centers (utilization of the ATCC for hospital-to-hospital transfers and urgent trauma transfers).
4. Section VII. Trauma Center Criteria [substantial changes in this section to bring Arkansas in line with national standards; complete separation of hospital designation criteria into the various levels (I and II together with separate sections for II and IV)].

PUBLIC COMMENT: A public hearing was held June 20, 2014. The public comment period expired June 20, 2014. The Department received the following public comments:

American Osteopathic Association, American College of Osteopathic Surgeons, and Arkansas Osteopathic Medical Association

COMMENT: Request that all appropriate osteopathic certifications and post-graduate training programs are recognized by adopting the language listed in the attachment.

RESPONSE: All requested additions will be made. The American College of Osteopathic Surgeons and the American Osteopathic Board of Emergency Medicine are referenced in certain parts of the proposed Rules. They, along with the American Osteopathic Association, were not included in all appropriate sections. This was an inadvertent oversight.

The proposed effective date for the final rule is September 1, 2014.

CONTROVERSY: This is not expected to be controversial.

FINANCIAL IMPACT: There is no financial impact. Participation in the trauma system is voluntary. Therefore, there are no mandated costs associated with adoption of the proposed rule. The rule “as a whole” requires more thorough and extensive quality improvement than required in the previous rules. This may require that participating facilities acquire more human resources to be successful with these quality improvement expectations. The only specific requirement is for high volume programs, most of which currently have the required resources. Any performance requirements that may, in some institutions, cost more money are negated on the whole by the rule that relieves many institutions of the call payment requirement for many for many surgical specialists such as ophthalmologists and maxilla-facial surgeons. The department indicates that most hospitals will incur no additional costs. Many hospitals will decrease their costs by decreasing their call obligations in a few areas.

There is no additional administrative cost to implement the proposed revisions.

LEGAL AUTHORIZATION: Ark. Code Ann. § 20-7-109 provides that the State Board of Health may promulgate rules to protect the public health and safety.

Ark. Code Ann. § 20-13-821 directs the State Board of Health to promulgate rules “to implement and administer” the Trauma System Act, § 20-13-801 et seq.

**QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS
WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE**

DEPARTMENT/AGENCY Arkansas Department of Health
DIVISION Center for Health Protection
DIVISION DIRECTOR Donnie Smith
CONTACT PERSON Bill Temple
ADDRESS 4815 West Markham, Slot #4, Little Rock, AR 72205
PHONE NO. 501-683-0707 FAX NO. 501-280-4729 E-MAIL bill.temple@arkansas.gov
NAME OF PRESENTER AT COMMITTEE MEETING Robert Brech
PRESENTER E-MAIL robert.brech@arkansas.gov

INSTRUCTIONS

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

**Donna K. Davis
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
One Capitol Mall, 5th Floor
Little Rock, AR 72201**

1. What is the short title of this rule? Proposed Revisions to the Rules and Regulations for Trauma Systems

2. What is the subject of the proposed rule? A revision of current trauma rules and regulations is necessary in order to bring the rules in line with national standards.

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes No
If yes, please provide the federal rule, regulation, and/or statute citation. N/A

4. Was this rule filed under the emergency provisions of the Administrative Procedure Act? Yes No
If yes, what is the effective date of the emergency rule? N/A

When does the emergency rule expire? N/A

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes No

5. Is this a new rule? Yes No
If yes, please provide a brief summary explaining the regulation. N/A

Does this repeal an existing rule? Yes No
If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does. N/A

Is this an amendment to an existing rule? Yes No
If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. **Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."**

6. Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation. Act 559 of 1993, as amended; Arkansas Code A.C.A. § 20-13-801 through A.C.A. § 20-13-821

7. What is the purpose of this proposed rule? Why is it necessary? The purpose of the proposed trauma system rules and regulations revision is to bring the Rules in line with national standards, provide consistency with the Trauma System Act of 2009, to improve readability in terms of substantive language, and to provide consistency with Arkansas Rules and Regulations for Emergency Medical Services.

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).
<http://www.healthy.arkansas.gov/programsServices/injuryPreventionControl/TraumaticSystems/Pages/default.aspx>

9. Will a public hearing be held on this proposed rule? Yes No

If yes, please complete the following:

Date: June 20, 2014

Time: 9:00 a.m.

Arkansas Department of Health
4815 W. Markham St.
Auditorium

Place: Little Rock, AR 72205

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

June 20, 2014

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

September 1, 2014

12. Do you expect this rule to be controversial? Yes No

If yes, please explain. N/A

13. Please give the names of persons, groups, or organizations that you expect to comment on these rules?
Please provide their position (for or against) if known.

N/A

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Arkansas Department of Health
DIVISION Center for Health Protection
PERSON COMPLETING THIS STATEMENT Bill Temple
TELEPHONE NO. 501-683-0707 **FAX NO.** 501-280-4729 **EMAIL:** bill.temple@arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE Proposed Revision to the Rules and Regulations for Trauma Systems

1. Does this proposed, amended, or repealed rule have a financial impact? Yes No

2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes No

3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes No

If an agency is proposing a more costly rule, please state the following:

- (a) How the additional benefits of the more costly rule justify its additional cost;
N/A

- (b) The reason for adoption of the more costly rule;
N/A

- (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;
N/A

- (d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.
N/A

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

- (a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total N/A Total N/A

(b) What is the additional cost of the state rule?

Current Fiscal Year

Next Fiscal Year

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____

Total N/A

Total N/A

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

Current Fiscal Year

Next Fiscal Year

\$ 0

\$ 0

Participation in the trauma system is voluntary. Therefore, there are no mandated costs associated with the adoption of the proposed rule. The rule "as a whole" requires more thorough and extensive quality improvement than required in the previous rules. This may require that participating facilities acquire more human resources to be successful with these quality improvement expectations. The only specific requirement is for high volume programs, most of which currently have the required resources. Any performance requirements that may, in some institutions, cost more money are negated on the whole by the rule that relieves many institutions of the call payment requirement for many surgical specialists such as ophthalmologists and maxilla-facial surgeons. Our belief is that most hospitals will incur no additional costs. We believe that many hospitals will decrease their costs by decreasing their call obligations in a few areas.

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

Next Fiscal Year

\$ 0

\$ 0

There is no additional administrative cost to implement the proposed revisions.

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes No

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
 - (a) justifies the agency's need for the proposed rule; and
 - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

NOTICE OF PUBLIC HEARING

The Arkansas Department of Health (ADH) will hold a public hearing on June 20, 2014 at 9:00 a.m. in the ADH Auditorium, at 4815 W. Markham, Little Rock, Arkansas, to allow interested persons to comment on the proposed adoption of Arkansas Trauma System Rules and Regulations pursuant to Act 393 of 2009 (codified at Ark. Code Ann., § 20-13-801, et. seq.).

Copies of the proposed Rules and Regulations will be available for public inspection and copying at the Trauma Section of the ADH. The proposed Rules and Regulations may also be found on the Arkansas Department of Health's website at www.healthy.arkansas.gov.

The public may submit written comments to: Bill Temple, Injury Prevention and Control Branch Chief, ADH, 4815 West Markham Street, Slot #4, Little Rock, Arkansas 72205-3867 no later than 8:00 a.m. on June 20, 2014.



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Mike Beebe

Nathaniel Smith, MD, MPH, Director and State Health Officer

SUMMARY OF PROPOSED REVISIONS TO THE RULES AND REGULATIONS FOR TRAUMA SYSTEMS

The *Rules* were first promulgated in 2002 and revised on March 1, 2009. The Trauma System Act was passed by the Arkansas Legislature on March 13, 2009 and system implementation began in July of that year. Although the *Rules* provided a basic framework from which implementation efforts began and have continued, all stakeholders involved in this work, to include the Governor's Trauma Advisory Council (TAC), believe that a revision of the *Rules* is critically important as we move forward. Dr. Todd Maxson is the Trauma Medical Consultant to the Arkansas Department of Health (ADH). Dr. Maxson, who also serves as the Chairman of the American College of Surgeons' Verification Committee (responsible for the designation of trauma centers throughout the United States), is highly supportive of these revisions.

The revisions to this document are extensive and are the result of approximately two year's work by the ADH, the TAC, the Arkansas Hospital Association, the Arkansas Medical Society, the Arkansas Ambulance Association, the Arkansas Emergency Medical Technicians' Association, and a variety of other stakeholders. The primary reasons for the revisions are as follows:

1. to bring the *Rules* in line with national standards;
2. to provide for consistency with the Trauma System Act as well as internal ADH Trauma Section documents pertaining to hospital designation and other areas; and,
3. to improve readability in terms of substantive language as well as formatting.

Although all sections of the document contain revisions, some of the major areas of revision are as follows:

1. Section I., Definitions and Acronyms (additions, deletions, and some changes in language);
2. Section IV., Prehospital Triage and Transport (utilization of the Arkansas Trauma Communications Center [ATCC] and new triage/transport guidelines – it is noted that this language mirrors that found in the recently revised *Rules and Regulations for Emergency Medical Services*);

3. Section V., Triage Requirements for Trauma Centers (utilization of the ATCC for hospital-to-hospital transfers and urgent trauma transfers); and,
4. Section VII., Trauma Center Criteria (substantial changes in this section to bring Arkansas in line with national standards; complete separation of hospital designation criteria into the various levels [I and II together and separate sections for III and IV]).