## **EXHIBIT I**

#### DEPARTMENT OF HEALTH, CENTER FOR HEALTH PROTECTION

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

<u>DESCRIPTION</u>: 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 (1 and II together with separate sections for II and IV)].

<u>PUBLIC COMMENT</u>: 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. 501-683-07 NAME OF PRESENTER AT MEETING						
PRESENTER E-MAIL rol	· · · · · · · · · · · · · · · · · · ·					
	INSTRUCTIONS					
necessary. C. If you have a method of it of this Rule" below. D. Submit two (2) copies of to of two (2) copies of the pr  Donna K. Dav Administrativ Arkansas Legi Bureau of Leg One Capitol N Little Rock, A	on completely using layman terms. You may use additional sheets, if indexing your rules, please give the proposed citation after "Short Title this questionnaire and financial impact statement attached to the front oposed rule and required documents. Mail or deliver to:  is a Rules Review Section stative Council islative Research Itall, 5 <sup>th</sup> Floor R 72201					
**************************************	**************************************					
2.What is the subject of the prule?	A revision of current trauma rules and regulations is necessary in order to bring the rules in line with national standards.					
•	oly with a federal statute, rule, or regulation? Yes \( \subseteq \text{No \( \subseteq \)} \)  deral rule, regulation, and/or statute citation. \( \subseteq \text{N/A} \)					
4. Was this rule filed under the Procedure Act? If yes, what is the effective rule?	e emergency provisions of the Administrative  Yes No   No   N/A					
When does the emergency expire?	ule <u>N/A</u>					

	Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act?  Yes  No
5.I	s this a new rule? Yes No No No If yes, please provide a brief summary explaining the regulation. N/A
	Does this repeal an existing rule? Yes No No No If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is be replaced with a new rule, please provide a summary of the rule giving an explanation of what the does. N/A
rul	Is this an amendment to an existing e? 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 Ark Code citation. Act 559 of 1993, as amended; Arkansas Code A.C.A§ 20-13-801 through A.C.A. 13-821
cor	tem rules and regulations revision is to bring the Rules in line with national standards, provide asistency with the Trauma System Act of 2009, to improve readability in terms of substantive land to provide consistency with Arkansas Rules and Regulations for Emergency Medical Services.
	Please provide the address where this rule is publicly accessible in electronic form via the Internative description of the internation of the int
	required by Arkansas Code § 25-19-108(b).
<u>def</u>	required by Arkansas Code § 25-19-108(b). <a href="http://www.healthy.arkansas.gov/programsServices/injuryPreventionControl/TraumaticSystems@ault.aspx">http://www.healthy.arkansas.gov/programsServices/injuryPreventionControl/TraumaticSystems@ault.aspx</a> Vi Il a public hearing be held on this proposed rule? Yes \to
def	required by Arkansas Code § 25-19-108(b). <a href="http://www.healthy.arkansas.gov/programsServices/injuryPreventionControl/TraumaticSystems">http://www.healthy.arkansas.gov/programsServices/injuryPreventionControl/TraumaticSystems</a> ault.aspx  Vi Il a public hearing be held on this proposed rule? Yes   No
<u>def</u>	required by Arkansas Code § 25-19-108(b). <a href="http://www.healthy.arkansas.gov/programsServices/injuryPreventionControl/TraumaticSystems@ault.aspx">http://www.healthy.arkansas.gov/programsServices/injuryPreventionControl/TraumaticSystems@ault.aspx</a> Vi Il 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

12. Do you expect this rule to be controversial?  If yes, please explain. N/A	Yes 🗌	No 🗵
13. Please give the names of persons, groups, or o Please provide their position (for or against) if	rganizations t known.	hat you expect to comment on these rules?
N/A		

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### FINANCIAL IMPACT STATEMENT

### PLEASE ANSWER ALL QUESTIONS COMPLETELY

DE	EPARTMENT Arkansas Department of Health						
DΓ	OIVISION Center for Health Protection						
PE:	RSON	OMPLE	TING THIS ST	ATEMENT Bill T	Temple		
TE	LEPE	IONE NO.	501-683-0707	FAX NO. <u>501-280-</u>	4729 EMAIL: bill.t	emple@ark	ansas.gov
To Sta	comp atemer	oly with Ark. at and file tw	Code Ann. § 25 o copies with the	-15-204(e), please co e questionnaire and p	omplete the following proposed rules.	Financial I	mpact
SI	IORT	TITLE OF	THIS RULE	Proposed Revision Systems	to the Rules and Regu	ılations for	Trauma
1.	Does	this propose	ed, amended, or i	epealed rule have a	financial impact?	Yes 🗌	No 🛛
2.	econ	omic, or othe	er evidence and i	nably obtainable sci nformation available ernatives to the rule	e concerning the	Yes 🔀	No 🗌
3.			of the alternative the least costly ru		is rule determined by	Yes 🖂	No 🗌
	If an	agency is pr	oposing a more o	costly rule, please sta	ate the following:		
	(a)	How the ad N/A	ditional benefits	of the more costly ru	ale justify its additions	ıl cost;	
	(b)	The reason N/A	for adoption of th	ne more costly rule;			
	(c)	Whether the if so, please N/A	e more costly rule explain; and;	e is based on the inte	erests of public health,	safety, or v	welfare, and
	(d)	Whether the explain.	reason is within	the scope of the ago	ency's statutory author	rity; and if	so, please
4.	If the	purpose of the	his rule is to imple	ement a federal rule o	r regulation, please stat	e the follow	ing:
	(a)	What is the	cost to implement	nt the federal rule or	regulation?		
	Cur	rent Fiscal	Year		Next Fiscal Year		
	Fede Casl Spec	eral Revenueral Funds h Funds cial Revenue er (Identify)			General Revenue Federal Funds Cash Funds Special Revenue Other (Identify)		

Total	N/A	Total	N/A
(b) What is the ad	lditional cost of the state	rule?	
Current Fiscal Y	<u>ear</u>	Next Fiscal Year	
General Revenue		General Revenue	
Federal Funds		Faderal Funds	
Cash Funds		Coch Funde	
Special Revenue		Special Revenue	
Other (Identify)		Other (Identify)	
Total	N/A	Total	N/A
\$ 0 Participation in the tra	auma system is voluntary oposed rule. The rule "as	\$ 0 7. Therefore, there are no manda 8 s a whole" requires more thorou	ted costs associated with
improvement than recommore human resource	uired in the previous rule s to be successful with th	es. This may require that partici lese quality improvement expect	pating facilities acquire ations. The only specific
improvement than recommon human resource requirement is for hig performance requirement the rule that relieves ras ophthalmologists a	ruired in the previous rule is to be successful with the h volume programs, mos tents that may, in some in many institutions of the cand maxilla-facial surgeor	es. This may require that partici	pating facilities acquire ations. The only specific quired resources. Any negated on the whole by surgical specialists such tals will incur no additiona
improvement than recomore human resource requirement is for hig performance requirement the rule that relieves ras ophthalmologists a costs. We believe that few areas.  6. What is the total experience of the second recommendation of the second reco	quired in the previous rule s to be successful with the h volume programs, mos nents that may, in some in many institutions of the condition and maxilla-facial surgeor at many hospitals will decess estimated cost by fiscal years	es. This may require that particitiese quality improvement expect it of which currently have the recustitutions, cost more money are all payment requirement for manus. Our belief is that most hospi	pating facilities acquire ations. The only specific ations. The only specific quired resources. Any negated on the whole by surgical specialists such tals will incur no additiona heir call obligations in a all government to
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- (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 <a href="https://www.healthy.arkansas.gov">www.healthy.arkansas.gov</a>.

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,Dir ector 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;
- 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);
- 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]).

# 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. 501-683-07 NAME OF PRESENTER AT MEETING					
PRESENTER E-MAIL rol	bert.brech@arkansas.gov				
	INSTRUCTIONS				
necessary. C. If you have a method of i of this Rule" below. D. Submit two (2) copies of the proof two (2) copies of the proof two Administrative Arkansas Leg	ion completely using layman terms. You may use additional sheets, if indexing your rules, please give the proposed citation after "Short Title this questionnaire and financial impact statement attached to the front roposed rule and required documents. Mail or deliver to:  is is e Rules Review Section islative Council gislative Research Mall, 5 <sup>th</sup> Floor				
•	*****************				
1. What is the short title of th rule?	is Proposed Revisions to the Rules and Regulations for Trauma Systems				
2. What is the subject of the prule?	A revision of current trauma rules and regulations is necessary in order to bring the rules in line with national standards.				
•	ply with a federal statute, rule, or regulation? Yes \( \subsection \) No \( \subsection \) ederal rule, regulation, and/or statute citation. \( \subsection \) N/A				
4. Was this rule filed under the Procedure Act? If yes, what is the effective rule?	ne emergency provisions of the Administrative Yes No  odate of the emergency N/A				
When does the emergency expire?	rule <u>N</u> /A				

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act?  Yes No No	
5.I s this a new rule? Yes \( \sum \) No \( \sum \) If yes, please provide a brief summary explaining the regulation. \( \sum \) N/A	
Does this repeal an existing rule? Yes No No No If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is bein replaced with a new rule, please provide a summary of the rule giving an explanation of what the rules. N/A	g ıle
Is this an amendment to an existing rule?  Yes No 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 Arkan Code citation. Act 559 of 1993, as amended; Arkansas Code A.C.A§ 20-13-801 through A.C.A.§ 213-821	
7. What is the purpose of this proposed rule? Why is it necessary? The purpose of the proposed traun 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 languand 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 required by Arkansas Code § 25-19-108(b). <a href="http://www.healthy.arkansas.gov/programsServices/injuryPreventionControl/TraumaticSystems/Padefault.aspx">http://www.healthy.arkansas.gov/programsServices/injuryPreventionControl/TraumaticSystems/Padefault.aspx</a>	
9.Wi Il 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	
UNITED STATES	
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 o Please provide their position (for or against) if	rganizations ti known.	hat you expect to comment on these rules?
<u>N/A</u>		

### FINANCIAL IMPACT STATEMENT

### PLEASE ANSWER ALL QUESTIONS COMPLETELY

DE	PART	<b>IMENT</b>	Arkansas Depa	rtment of Hea	lth			
DIVISION			Center for Hea					
			TING THIS ST					
TE	LEPH	ONE NO.	501-683-0707	FAX NO. <u>50</u>	1-280-4729	EMAIL: bill.to	emple@ark	ansas.gov
To Sta	comp atemer	ly with Ark. at and file tw	Code Ann. § 25 o copies with th	5-15-204(e), pl e questionnair	lease complete e and propos	te the following ed rules.	Financial I	mpact
SE	IORT	TITLE OF	THIS RULE	Proposed Re Systems	vision to the	Rules and Regu	lations for	Trauma
1.	Does	this propose	ed, amended, or	repealed rule l	nave a financ	ial impact?	Yes 🗌	No 🛚
2.	econe	omic, or othe	on the best reason er evidence and dences of, and al	information av	ailable conce	, technical, erning the	Yes 🔀	No 🗌
3.			of the alternative the least costly r			determined by	Yes 🔀	No 🗌
	If an	agency is pr	oposing a more	costly rule, plo	ease state the	following:		
	(a)	How the ad N/A	ditional benefits	of the more c	ostly rule jus	tify its additions	al cost;	
	(b)	The reason N/A	for adoption of	the more costly	y rule;			
	(c)		e more costly ru	le is based on	the interests o	of public health,	safety, or v	welfare, and
	(d)	Whether the explain. N/A	e reason is withi	n the scope of	the agency's	statutory autho	rity; and if	so, please
4.	If the	purpose of the	his rule is to impl	lement a federa	l rule or regul	ation, please stat	e the follow	ing:
	(a)	What is the	cost to impleme	ent the federal	rule or regula	ation?		
	Cur	rent Fiscal	<u>Year</u>		Nex	t Fiscal Year		
	Fed Cas Spe	eral Revenu eral Funds h Funds cial Revenuc er (Identify)	e		Fede Cash Spec	eral Revenue ral Funds Funds ial Revenue or (Identify)		

Total	N/A	Total	N/A			
(b) What is the additional cost of the state rule?						
Current Fiscal Y	<u>ear</u>	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 es the proposed, amen explain how they ar	timated cost by fiscal year to any puded, or repealed rule? Identify the re affected.	orivate individual, entit entity(ies) subject to t	y and business subject to he proposed rule and			
Current Fiscal Year		Next Fiscal Ye	ear_			
\$ 0		\$ 0	<del></del>			
Participation in the tra	uma system is voluntary. Therefo	re, there are no mandat	ed costs associated with			
	oposed rule. The rule "as a whole"					
more human resources	uired in the previous rules. This mest to be successful with these quality	iay require that particity	nations The only specific			
requirement is for high	n volume programs, most of which	currently have the req	uired resources. Any			
performance requirem	ents that may, in some institutions	, cost more money are	negated on the whole by			
the rule that relieves n	nany institutions of the call paymen	nt requirement for man	y surgical specialists such			
	nd maxilla-facial surgeons. Our be					
few areas.	t many hospitals will decrease thei	r costs by decreasing the	teir can obligations in a			
1017 droug.						
		, ,	*			
6. What is the total e	stimated cost by fiscal year to state e? Is this the cost of the program of	c, county, and municipa	al government to			
affected.	e: is this the cost of the program of	or grant: Frease explai	if now the government is			
Current Fiscal Year		Next Fiscal Ye	<u>ear</u>			
\$ _0		\$ _0				
There is no additional	administrative cost to implement t	he proposed revisions.				
7. With respect to the	e agency's answers to Questions #5	5 and #6 above, is there	e a new or increased cost			
	least one hundred thousand dollars					
private entity, priv	ate business, state government, co	unty government, mun	icipal government, or to			
two (2) or more of	those entities combined?					
		Yes No No				
If YES, the agency	y is required by Ark. Code Ann. §	25-15-204(e)(4) to file	written findings at the			
	inancial impact statement. The wr		-			
	impact statement and shall include	_	_			

- (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.



## **Arkansas Department of Health**

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000 Governor Mike Beebe Nathaniel Smith, MD, MPH,Dir ector 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:

- 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);
- 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]).

#### 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 <a href="https://www.healthy.arkansas.gov">www.healthy.arkansas.gov</a>.

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.