

State of Arizona
House of Representatives
Forty-eighth Legislature
Second Regular Session
2008

HOUSE BILL 2365

AN ACT

AMENDING SECTIONS 36-2204, 36-2220, 36-2221 AND 36-2222, ARIZONA REVISED STATUTES; RELATING TO EMERGENCY MEDICAL SERVICES.

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it enacted by the Legislature of the State of Arizona:

2 Section 1. Section 36-2204, Arizona Revised Statutes, is amended to
3 read:

4 36-2204. Medical control

5 The medical director of emergency medical services and the emergency
6 medical services council shall recommend to the director the following
7 standards and criteria ~~which~~ THAT pertain to the quality of emergency patient
8 care:

9 1. Statewide standardized training, certification and recertification
10 standards for all classifications of emergency medical technicians.

11 2. A standardized and validated testing procedure for all
12 classifications of emergency medical technicians.

13 3. Medical standards for certification and recertification of training
14 programs for all classifications of emergency medical technicians.

15 4. Standardized continuing education criteria for all classifications
16 of emergency medical technicians.

17 5. Medical standards for certification and recertification of
18 certified emergency receiving facilities and advanced life support base
19 hospitals and approval of physicians providing medical control or medical
20 direction for any level of emergency medical technicians who are required to
21 be under medical control or medical direction.

22 6. Standards and mechanisms for monitoring and ongoing evaluation of
23 performance levels of all classifications of emergency medical technicians,
24 emergency receiving facilities and advanced life support base hospitals and
25 approval of physicians providing medical control or medical direction for any
26 level of emergency medical technicians who are required to be under medical
27 control or medical direction.

28 7. Objective criteria and mechanisms for decertification of all
29 classifications of emergency medical technicians, emergency receiving
30 facilities and advanced life support base hospitals and for disapproval of
31 physicians providing medical control or medical direction for any level of
32 emergency technicians who are required to be under medical control or medical
33 direction.

34 8. Medical standards for nonphysician pre-hospital treatment and
35 pre-hospital triage of patients requiring emergency medical services.

36 9. Standards for emergency medical dispatcher training, including
37 prearrival instructions. For the purposes of this paragraph, "emergency
38 medical dispatch" means the receipt of calls requesting emergency medical
39 services and the response of appropriate resources to the appropriate
40 location.

41 10. Standards for a quality assurance process for components of the
42 emergency medical services system, including standards for maintaining the
43 confidentiality of the information considered in the course of quality

1 assurance and the records of the activities of quality assurance process
2 pursuant to section 36-2401.

3 11. Standards for ambulance service and medical transportation that
4 give consideration to the differences between urban, rural and wilderness
5 areas.

6 12. STANDARDS TO ALLOW AN AMBULANCE TO TRANSPORT A PATIENT TO A HEALTH
7 CARE INSTITUTION THAT IS LICENSED AS A SPECIAL HOSPITAL AND THAT IS
8 PHYSICALLY CONNECTED TO AN EMERGENCY RECEIVING FACILITY.

9 Sec. 2. Section 36-2220, Arizona Revised Statutes, is amended to read:

10 36-2220. Records; confidentiality; definition

11 A. Information developed, ~~and~~ records kept AND DATA COLLECTED by the
12 department or a political subdivision of this state for the purpose of
13 administering or evaluating the Arizona emergency medical services system or
14 for the trauma system are available to the public except:

15 1. Any patient record including clinical records, prehospital care
16 records, medical reports, laboratory statements and reports, any file, film,
17 record or report or oral statement relating to diagnostic findings, treatment
18 or outcome of patients, whether written or recorded, and any information from
19 which a patient, the patient's family or the patient's health care provider
20 or facility might be identified except records, files and information shall
21 be available to the patient, the patient's guardian or the patient's agent.

22 2. Information obtained AND DATA COLLECTED for purposes of chapter 25
23 or chapter 4, article 5 of this title.

24 B. Unless otherwise provided by law, all medical records developed and
25 kept by a prehospital component of the statewide trauma system and
26 information contained in these records are confidential and may not be
27 released to the public without written authorization by the patient, the
28 patient's guardian or the patient's agent.

29 C. Notwithstanding subsection B of this section, a prehospital
30 incident history report completed and kept by a nonhospital political
31 subdivision of this state is available to the public except for information
32 in that report that is protected from disclosure by the laws of this state or
33 federal law including but not limited to confidential patient treatment
34 information.

35 D. Patient records and medical records covered by this section may be
36 obtained pursuant to section 12-2294.01.

37 E. Information, documents and records received by the department or
38 prepared by the department in connection with an investigation that is
39 conducted pursuant to this article AND that relates to emergency medical
40 technicians are confidential and are not subject to public inspection or
41 civil discovery. ~~When the investigation has been completed and the~~
42 ~~investigation file has been closed,~~ The results of the investigation and the
43 decision of the department shall be ARE available to the public AFTER THE
44 INVESTIGATION IS COMPLETED AND THE INVESTIGATION FILE IS CLOSED.

1 F. For the purposes of this section, "prehospital incident history
2 report" means a record of the prehospital response, nature of the incident
3 and transportation of an emergency medical services patient that is
4 documented on a prehospital incident history report.

5 Sec. 3. Section 36-2221, Arizona Revised Statutes, is amended to read:
6 36-2221. Requirements; confidentiality; violation;
7 classification

8 A. Trauma centers shall submit to the department a uniform data set
9 for the trauma patient as prescribed by the department. Advanced life
10 support base hospitals that are not trauma centers may also submit this data
11 to the department. The director shall identify the categories of patients
12 who are to be reported as trauma patients under this section.

13 B. The department shall provide quarterly trauma system data reports
14 to each hospital AND DESIGNATED TRAUMA CENTER submitting data.

15 C. THE DEPARTMENT MAY AUTHORIZE OTHER PERSONS AND ORGANIZATIONS TO USE
16 STATE TRAUMA REGISTRY DATA:

17 1. TO STUDY THE SOURCES AND CAUSES OF TRAUMA.

18 2. TO EVALUATE THE COST, QUALITY, EFFICACY AND APPROPRIATENESS OF
19 DIAGNOSTIC, THERAPEUTIC, REHABILITATIVE AND PREVENTIVE SERVICES AND PROGRAMS
20 THAT ARE RELATED TO TRAUMA.

21 D. INFORMATION COLLECTED BY THE STATE TRAUMA REGISTRY THAT CAN
22 IDENTIFY AN INDIVIDUAL IS CONFIDENTIAL AND MAY BE USED ONLY PURSUANT TO THIS
23 SECTION. A PERSON WHO DISCLOSES CONFIDENTIAL INFORMATION IN VIOLATION OF
24 THIS SECTION IS GUILTY OF A CLASS 3 MISDEMEANOR.

25 Sec. 4. Section 36-2222, Arizona Revised Statutes, is amended to read:
26 36-2222. Trauma advisory board; membership; compensation;
27 duties

28 A. The trauma advisory board is established and consists of the
29 following members:

30 1. The medical director of the office BUREAU of emergency medical
31 services who shall chair the board.

32 2. The director of the department of public safety or the director's
33 designee.

34 3. Four members representing the four regional emergency medical
35 services coordinating councils.

36 4. Two members from trauma centers in this state.

37 5. A representative from a statewide organization representing a
38 national college of surgeons that is a recognized, authoritative body
39 representing national trauma services standards.

40 6. A representative from a statewide fire district association.

41 7. A representative from a statewide hospital association.

42 8. A representative from a federal Indian health services
43 organization.

1 9. A representative from a national organization of emergency
2 physicians that is a recognized, authoritative body representing national
3 emergency medicine standards.

4 10. A representative from a national association of retired persons.

5 11. A representative from a statewide rehabilitation facility ~~that is~~
6 ~~accredited by a national commission on the accreditation of rehabilitation~~
7 ~~facilities.~~

8 12. A representative from an urban advanced life support base hospital
9 that is not a trauma center.

10 13. A representative from a rural advanced life support base hospital
11 that is not a trauma center.

12 14. A representative from a statewide ambulance association.

13 15. A representative from a fire department in a county with a
14 population of five hundred thousand persons or more according to the most
15 recent United States decennial census.

16 16. A representative of a tribal health organization.

17 17. A REPRESENTATIVE FROM A STATEWIDE NEUROSURGICAL SOCIETY.

18 18. A REPRESENTATIVE FROM A STATEWIDE PEDIATRIC ORGANIZATION.

19 19. A REPRESENTATIVE FROM A SOCIETY OF TRAUMA NURSES.

20 20. A REPRESENTATIVE FROM A NATIONAL ASSOCIATION OF ORTHOPEDIC TRAUMA.

21 B. Except for board members who serve under subsection A, paragraphs 1
22 and 2 of this section, board members are appointed by the director and serve
23 staggered three year terms.

24 C. The director shall accept recommendations for appointment of board
25 members from organizations representing consumers, insurers and governmental
26 agencies that have an interest in the development of a statewide trauma
27 system including statewide chapters of a national trauma society, a national
28 emergency medical nurses association, a medical association and an
29 aeromedical association. Wherever appropriate to the entity being
30 represented, the director shall consider qualified licensed physicians with
31 experience in trauma care in anesthesia, emergency medicine, neurosurgery,
32 orthopedics and pediatrics, and licensed nurses with experience in
33 prehospital emergency care or trauma care.

34 D. Board members are not eligible to receive compensation but are
35 eligible for reimbursement of expenses under title 38, chapter 4, article 2.

36 E. The board shall:

37 1. Make recommendations on the initial and long-term processes for the
38 verification and designation of trauma center levels, including the
39 evaluation of trauma center criteria.

40 2. Make recommendations on the development and implementation of
41 comprehensive regional emergency medical services and trauma system plans.

42 3. Make recommendations on the state emergency medical services and
43 trauma system quality improvement processes, including the state trauma
44 registry.

1 4. Submit a report to the director on or before October 1 of each year
2 regarding the board's accomplishments and recommendations.

3 F. The chairperson may appoint subcommittees to assist the board in
4 meeting the requirements of subsection E of this section.

5 Sec. 5. Emergency

6 This act is an emergency measure that is necessary to preserve the
7 public peace, health or safety and is operative immediately as provided by
8 law.