

IN THE SENATE

SENATE BILL NO. 1329, As Amended

BY HEALTH AND WELFARE COMMITTEE

AN ACT

1 RELATING TO TIME SENSITIVE EMERGENCIES; AMENDING CHAPTER 10, TITLE 56,  
2 IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-1024, IDAHO CODE, TO  
3 STATE LEGISLATIVE INTENT; AMENDING CHAPTER 10, TITLE 56, IDAHO CODE,  
4 BY THE ADDITION OF A NEW SECTION 56-1025, IDAHO CODE, TO DEFINE TERMS;  
5 AMENDING CHAPTER 10, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SEC-  
6 TION 56-1026, IDAHO CODE, TO CREATE THE IDAHO TIME SENSITIVE EMERGENCY  
7 SYSTEM; AMENDING CHAPTER 10, TITLE 56, IDAHO CODE, BY THE ADDITION OF  
8 A NEW SECTION 56-1027, IDAHO CODE, TO CREATE THE IDAHO TIME SENSITIVE  
9 EMERGENCY SYSTEM COUNCIL AND TO PROVIDE FOR MEMBERSHIP OF THE COUNCIL;  
10 AMENDING CHAPTER 10, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW  
11 SECTION 56-1028, IDAHO CODE, TO PROVIDE FOR DUTIES OF THE COUNCIL AND  
12 TO PROVIDE RULEMAKING AUTHORITY; AMENDING CHAPTER 10, TITLE 56, IDAHO  
13 CODE, BY THE ADDITION OF A NEW SECTION 56-1029, IDAHO CODE, TO PROVIDE  
14 FOR THE DESIGNATION OF TRAUMA, STROKE AND HEART ATTACK CENTERS AND TO  
15 PROVIDE CRITERIA FOR DESIGNATION; AMENDING CHAPTER 10, TITLE 56, IDAHO  
16 CODE, BY THE ADDITION OF A NEW SECTION 56-1030, IDAHO CODE, TO CREATE  
17 REGIONAL TIME SENSITIVE EMERGENCY COMMITTEES AND TO PROVIDE FOR MEMBER-  
18 SHIP AND DUTIES OF THE COMMITTEES; AMENDING THE HEADING FOR CHAPTER 20,  
19 TITLE 57, IDAHO CODE, TO REVISE TERMINOLOGY; AMENDING SECTION 57-2001,  
20 IDAHO CODE, TO REVISE TERMINOLOGY AND TO REVISE PROVISIONS RELATING TO  
21 PURPOSES OF THE TIME SENSITIVE EMERGENCY REGISTRY; AMENDING SECTION  
22 57-2002, IDAHO CODE, TO ADD AND REVISE DEFINITIONS AND TO MAKE TECHNICAL  
23 CORRECTIONS; AMENDING SECTION 57-2003, IDAHO CODE, TO REVISE TERMI-  
24 NOLOGY; AMENDING SECTION 57-2004, IDAHO CODE, TO REVISE TERMINOLOGY;  
25 AMENDING SECTION 57-2005, IDAHO CODE, TO REVISE TERMINOLOGY AND TO MAKE  
26 A TECHNICAL CORRECTION; AMENDING SECTION 57-2006, IDAHO CODE, TO REVISE  
27 TERMINOLOGY AND TO MAKE TECHNICAL CORRECTIONS; AND AMENDING SECTION  
28 57-2007, IDAHO CODE, TO REVISE TERMINOLOGY.  
29

30 Be It Enacted by the Legislature of the State of Idaho:

31 SECTION 1. That Chapter 10, Title 56, Idaho Code, be, and the same is  
32 hereby amended by the addition thereto of a NEW SECTION, to be known and des-  
33 ignated as Section 56-1024, Idaho Code, and to read as follows:

34 56-1024. IDAHO TIME SENSITIVE EMERGENCY SYSTEM OF CARE -- STATEMENT  
35 OF INTENT. Time sensitive emergencies, specifically blunt trauma injuries,  
36 strokes and heart attacks, were three (3) of the top five (5) causes of deaths  
37 in Idaho in 2011. Numerous studies throughout the United States have demon-  
38 strated that organized systems of care improve patient outcomes, thus reduc-  
39 ing the frequency of preventable death and improving the functional status  
40 of the patient. The institute of medicine's report "Hospital-Based Emer-  
41 gency Care: At the Breaking Point" recommended improving the care of criti-  
42 cal illness through regionalization by transporting critically ill patients

1 to designated specialized care centers when appropriate. Early treatment  
 2 and transfer when necessary will save the lives of Idahoans stricken with  
 3 these emergency conditions. Trauma systems of care are well understood as  
 4 they have existed in many other states for decades. It is the intent of this  
 5 legislation to create an integrated and responsive system of care for Idaho  
 6 citizens. The trauma component will serve as the initial framework in a de-  
 7 liberate, incremental implementation approach for a comprehensive system  
 8 of care for time sensitive emergencies in Idaho. The time sensitive emer-  
 9 gency system in Idaho is intended to be voluntary and inclusive. The system  
 10 will be designed such that all facilities, and in particular critical access  
 11 hospitals, have the opportunity to participate. No facility shall be ex-  
 12 cluded from receiving medically appropriate patients based solely on the fa-  
 13 cility's decision of not seeking designation.

14 SECTION 2. That Chapter 10, Title 56, Idaho Code, be, and the same is  
 15 hereby amended by the addition thereto of a NEW SECTION, to be known and des-  
 16 ignated as Section 56-1025, Idaho Code, and to read as follows:

17 56-1025. DEFINITIONS. As used in sections 56-1024 through 56-1030,  
 18 Idaho Code:

19 (1) "EMS agency" means any organization licensed by the EMS bureau that  
 20 operates an air medical service, ambulance service or nontransport service.

21 (2) "EMS bureau" means the bureau of emergency medical services of the  
 22 department of health and welfare.

23 (3) "Council" means the Idaho time sensitive emergency system council.

24 (4) "TSE" means time sensitive emergency, specifically trauma, stroke  
 25 and heart attack.

26 SECTION 3. That Chapter 10, Title 56, Idaho Code, be, and the same is  
 27 hereby amended by the addition thereto of a NEW SECTION, to be known and des-  
 28 ignated as Section 56-1026, Idaho Code, and to read as follows:

29 56-1026. IDAHO TIME SENSITIVE EMERGENCY SYSTEM -- CREATION. There is  
 30 hereby created a voluntary time sensitive emergency system within the de-  
 31 partment of health and welfare.

32 SECTION 4. That Chapter 10, Title 56, Idaho Code, be, and the same is  
 33 hereby amended by the addition thereto of a NEW SECTION, to be known and des-  
 34 ignated as Section 56-1027, Idaho Code, and to read as follows:

35 56-1027. IDAHO TIME SENSITIVE EMERGENCY SYSTEM COUNCIL -- CREATION --  
 36 COMPOSITION. (1) There is hereby created the Idaho time sensitive emergency  
 37 system council hereinafter known as the "council." Council members shall be  
 38 appointed by the governor with the approval of the board of health and wel-  
 39 fare. Council members shall be selected to assure equitable geographic, ru-  
 40 ral and clinical specialty representation.

41 (2) The membership of the council shall include the following:

42 (a) One (1) representative from a facility that either holds or is seek-  
 43 ing designation as an Idaho trauma center. The representative shall be  
 44 the medical director, the coordinator or the program manager responsi-  
 45 ble for the respective facility's trauma program;

1 (b) One (1) representative from a facility that either holds or is seek-  
 2 ing designation as an Idaho stroke facility. The representative shall  
 3 be the medical director, the coordinator or the program manager respon-  
 4 sible for the respective facility's stroke program;

5 (c) One (1) representative from a facility that either holds or is seek-  
 6 ing designation as an Idaho heart attack center. The representative  
 7 shall be the medical director, the coordinator or the program manager  
 8 responsible for the respective facility's heart attack program;

9 (d) One (1) representative from an EMS agency licensed by the depart-  
 10 ment that serves a primarily urban response area;

11 (e) One (1) representative from an EMS agency licensed by the depart-  
 12 ment that serves a primarily rural response area;

13 (f) One (1) representative from an air medical EMS agency licensed by  
 14 the department;

15 (g) One (1) administrator of an Idaho hospital that either holds or is  
 16 seeking Idaho trauma, stroke or heart attack designation;

17 (h) One (1) chief executive officer or administrator of an Idaho criti-  
 18 cal access hospital that either holds or is seeking Idaho trauma, stroke  
 19 or heart attack designation;

20 (i) One (1) licensed health care provider who routinely works in the  
 21 emergency department of a hospital that serves a primarily urban area  
 22 that either holds or is seeking trauma, stroke or heart attack designa-  
 23 tion;

24 (j) One (1) licensed health care provider who routinely works in the  
 25 emergency department of a hospital that serves a primarily rural area  
 26 that either holds or is seeking trauma, stroke or heart attack designa-  
 27 tion; and

28 (k) One (1) Idaho citizen with an interest in furthering the quality of  
 29 trauma, stroke and heart attack care in Idaho.

30 (3) The chair of each regional TSE committee shall be added as a voting  
 31 member of the council when the regional TSE committee is implemented and the  
 32 chair is selected.

33 (4) Members of the council shall serve four (4) year terms with half of  
 34 the members initially appointed, as determined by lot, serving two (2) year  
 35 terms. If a vacancy occurs, the governor shall appoint a replacement to fill  
 36 the unexpired term. Members may be reappointed and shall serve at the plea-  
 37 sure of the governor.

38 (5) The governor shall appoint a chair who shall serve a term of two (2)  
 39 years. The council may elect other officers as it may deem necessary and ap-  
 40 propriate. The council shall meet at least semiannually and at the call of  
 41 the chair.

42 SECTION 5. That Chapter 10, Title 56, Idaho Code, be, and the same is  
 43 hereby amended by the addition thereto of a NEW SECTION, to be known and des-  
 44 ignated as Section 56-1028, Idaho Code, and to read as follows:

45 56-1028. IDAHO TIME SENSITIVE EMERGENCY SYSTEM COUNCIL -- DUTIES --  
 46 RULEMAKING. The duties of the council shall be as follows:

47 (1) Develop, implement and monitor a voluntary statewide system that  
 48 includes trauma, stroke and heart attack facilities;

1 (2) Provide oversight of the system, assuring adherence to standards  
2 established by the council;

3 (3) Establish substate system regions that provide more effective ac-  
4 cess to the system. In the designation of these regions, specific considera-  
5 tion shall be given to geography and patient referral patterns for the facil-  
6 ities and agencies included therein;

7 (4) Establish a regional TSE committee in each substate region;

8 (5) Develop the standards and criteria that each participating fa-  
9 cility that voluntarily applies is required to meet concerning personnel,  
10 equipment, resources, data collection and organizational capabilities to  
11 obtain or maintain designation;

12 (6) Develop procedures for and the duration of the designation of a  
13 trauma, stroke or heart attack facility, including application procedures,  
14 verification procedures, investigation of complaints pertaining to desig-  
15 nation and emergency suspension or revocation of designation;

16 (7) Develop operational procedures for the regional TSE committees;

17 (8) Facilitate the implementation of nationally accepted standards  
18 throughout the voluntary system;

19 (9) Set procedures for the acquisition of data needed to successfully  
20 manage the system;

21 (10) Promulgate rules to fulfill the purpose of this act; and

22 (11) Collaborate and cooperate with the EMS bureau, the EMS physician  
23 commission, local governments, local EMS agencies and associations to ad-  
24 dress recruitment and retention concerns of local EMS providers.

25 SECTION 6. That Chapter 10, Title 56, Idaho Code, be, and the same is  
26 hereby amended by the addition thereto of a NEW SECTION, to be known and des-  
27 ignated as Section 56-1029, Idaho Code, and to read as follows:

28 56-1029. IDAHO TRAUMA, STROKE AND HEART ATTACK CENTERS -- DESIGNA-  
29 TION. (1) The council shall designate a hospital as a trauma, stroke or heart  
30 attack center when such hospital, upon proper application and verification,  
31 has been found by the council to meet the applicable level of trauma, stroke  
32 or heart attack center criteria as established by the council.

33 (2) In developing trauma, stroke and heart attack center designation  
34 criteria, the council shall use, as is practicable, appropriate peer-re-  
35 viewed or evidence-based research including, but not limited to, the most  
36 recent guidelines of the American college of surgeons committee on trauma,  
37 American college of cardiology and American heart association for heart at-  
38 tack centers, or the joint commission's primary stroke center certification  
39 program criteria for stroke centers, or primary and comprehensive stroke  
40 center recommendations as published by the American stroke association or  
41 other nationally recognized authoritative standards.

42 (3) Participation criteria shall be published in rules promulgated by  
43 the council.

44 (4) The council shall conduct a periodic verification review of every  
45 trauma, heart attack and stroke facility. Verification reviews shall be co-  
46 ordinated for the different types of centers to the extent practicable with  
47 hospital resources. No person who has a substantial conflict of interest  
48 in the operation of any trauma, stroke and heart attack center under review  
49 shall participate in the verification review of the facility.

1 (5) The council shall coordinate an on-site review as necessary to as-  
 2 sure that a hospital meets the criteria for the desired designation. The  
 3 council may waive an on-site review when a hospital has been verified by a  
 4 nationally recognized accrediting body to meet or exceed standards estab-  
 5 lished by the council.

6 (6) The council may deny, place on probation, suspend or revoke any des-  
 7 ignation when it has reasonable cause to believe that there has been mis-  
 8 representation or falsification of information or a substantial failure to  
 9 comply with the criteria for designation promulgated by the council. If the  
 10 council has reasonable cause to believe that a hospital is not in compliance  
 11 with such provisions, it may require the facility to submit additional docu-  
 12 mentation or undergo additional site reviews to verify compliance.

13 (7) No hospital may hold itself out to the public as an Idaho designated  
 14 trauma center, Idaho designated stroke facility or Idaho designated heart  
 15 attack facility unless it is designated as such by the council.

16 (8) A hospital aggrieved because of the council's decision shall be en-  
 17 titled to appeal to the council in the manner prescribed by the council and  
 18 shall be afforded reasonable notice and opportunity for a fair hearing.

19 (9) Actions of the council relating to adoption of rules, notice, hear-  
 20 ings, appeals from decisions of the department or the director, and review  
 21 shall be governed by the provisions of chapter 52, title 67, Idaho Code, the  
 22 administrative procedure act.

23 SECTION 7. That Chapter 10, Title 56, Idaho Code, be, and the same is  
 24 hereby amended by the addition thereto of a NEW SECTION, to be known and des-  
 25 ignated as Section 56-1030, Idaho Code, and to read as follows:

26 56-1030. REGIONAL TIME SENSITIVE EMERGENCY COMMITTEES -- MEMBERSHIP  
 27 -- DUTIES. (1) Pursuant to section 56-1028(4), Idaho Code, each substate re-  
 28 gion designated by the council shall have a time sensitive emergency commit-  
 29 tee.

30 (2) Membership of each regional TSE committee shall be based on the  
 31 needs of the region and can be modified as the regional TSE committee deter-  
 32 mines, but each regional committee shall be initially comprised as follows:

33 (a) Each facility that is designated or is seeking designation by the  
 34 council as a trauma center, stroke facility or heart attack facility may  
 35 appoint one (1) representative for each of the designations that the fa-  
 36 cility holds or is seeking to hold to the regional committee for the re-  
 37 gion in which the facility is located;

38 (b) Each air medical EMS agency that provides patient transport within  
 39 the region may appoint one (1) representative;

40 (c) Each hospital that either holds or is seeking Idaho trauma, stroke  
 41 or heart attack designation may appoint the hospital administrator;

42 (d) Each EMS agency with a response area in the region may appoint one  
 43 (1) representative; and

44 (e) The regional committee shall include a pediatrician or an expert in  
 45 children's trauma.

46 (3) Members of a regional committee shall elect a chair to serve a term  
 47 of two (2) years.

48 (4) The duties of each regional committee shall be as follows:

- 1 (a) Implement care guidelines, policies, procedures and protocols for  
 2 the regional TSE system;  
 3 (b) Conduct regional quality improvement, including receipt of reports  
 4 prepared by the council containing trauma, stroke and heart attack data  
 5 and making recommendations to facilities within the region based upon  
 6 those reports;  
 7 (c) Advise the council concerning the statewide system;  
 8 (d) Establish trauma, stroke and heart attack education and prevention  
 9 programs;  
 10 (e) Provide advice concerning trauma, stroke and heart attack care to  
 11 health care facilities and other providers of health care;  
 12 (f) Perform other duties required by Idaho code and council rules; and  
 13 (g) Conduct other activities needed to ensure optimal delivery of  
 14 trauma, stroke and heart attack care services within the region.

15 SECTION 8. That the Heading for Chapter 20, Title 57, Idaho Code, be,  
 16 and the same is hereby amended to read as follows:

17 CHAPTER 20  
 18 TRAUMA TIME SENSITIVE EMERGENCY (TSE) REGISTRY

19 SECTION 9. That Section 57-2001, Idaho Code, be, and the same is hereby  
 20 amended to read as follows:

- 21 57-2001. PURPOSE OF THE REGISTRY. (1) The specific issues to be iden-  
 22 tified and evaluated through the ~~trauma~~ TSE registry are:  
 23 (a) ~~Injury~~ Trauma, stroke and heart attack TSE surveillance;  
 24 (b) Geographic patterns of trauma incidence;  
 25 (c) Types of ~~injuries~~ TSEs treated in hospitals in Idaho;  
 26 (d) Areas or regions of the state where improvements in the emergency  
 27 medical system may be needed;  
 28 (e) Public education and prevention needs and efforts; and  
 29 (f) Other factors to consider in recommending, designing or implement-  
 30 ing a statewide ~~trauma~~ TSE system.  
 31 (2) The data collected by the ~~trauma~~ TSE registry shall be of such a na-  
 32 ture as to allow the department to identify at least the following:  
 33 (a) Lack of aAccess to care and improvement of the availability and de-  
 34 livery of prehospital, hospital and post-acute TSE care;  
 35 (b) Performance of the out-of-hospital and hospital emergency medical  
 36 systems;  
 37 (c) Costs of ~~trauma~~ TSE care; and  
 38 (d) Outcomes of persons who are victims of ~~trauma~~ TSEs.  
 39 (3) The department shall evaluate the data collected, as well as data  
 40 collected from other relevant sources, and, beginning one (1) year after the  
 41 effective date of this chapter, shall prepare an annual report. The data  
 42 shall be used to regularly produce and disseminate aggregated and de-iden-  
 43 tified analytical reports and for recommending benchmark quality measures  
 44 and outcomes and needed educational resources to the TSE system of care state  
 45 board.

1 SECTION 10. That Section 57-2002, Idaho Code, be, and the same is hereby  
2 amended to read as follows:

3 57-2002. ~~TRAUMA~~ TSE REGISTRY -- DEFINITIONS. When used in this chap-  
4 ter:

5 (1) "Confidential information" means information which may identify a  
6 patient, health care facility or health care practitioner.

7 (2) "Contractor" means that individual, partnership, corporation or  
8 other entity performing ~~trauma~~ TSE registry services under a contractual  
9 agreement with the department.

10 (3) "De-identified information" means records and information con-  
11 tained in the ~~trauma~~ TSE registry, including compilations and analyses  
12 thereof, ~~which does that do~~ not contain information which might identify a  
13 patient, health care facility or health care practitioner.

14 (4) "Department" means the bureau of emergency medical services and  
15 preparedness of the Idaho department of health and welfare.

16 (5) "Heart attack" means STEMI, which is a common name for ST-elevation  
17 myocardial infarction, a more precise definition for a type of heart attack  
18 that is caused by a prolonged period of blocked blood supply that affects a  
19 large area of the heart and has a substantial risk of death and disability  
20 calling for a quick response.

21 (6) "Stroke" means an interruption of blood flow to the brain causing  
22 paralysis, slurred speech and/or altered brain function usually caused by a  
23 blockage in a blood vessel that carries blood to the brain (ischemic stroke)  
24 or by a blood vessel bursting (hemorrhagic).

25 (7) "Trauma" is the result of an act or event that damages, harms or  
26 hurts a human being resulting in intentional or unintentional damage to the  
27 body resulting from acute exposure to mechanical, thermal, electrical, or  
28 chemical energy or from the absence of such essentials as heat or oxygen.

29 (8) "TSE" means a time sensitive emergency, specifically trauma, heart  
30 attack or stroke.

31 (~~6~~9) "Trauma TSE registry" means the population-based data system that  
32 provides ongoing and systematic collection, analysis, interpretation, and  
33 dissemination of information related to ~~injury~~ trauma, stroke and heart at-  
34 tack for system improvement, prevention and research activities. Elements  
35 in the registry shall describe the nature and scope of the injury ~~problem,~~  
36 illness or health condition, identify the incidence and prevalence of trau-  
37 matic injury, illness or health condition, severity of injury, performance  
38 of out-of-hospital and hospital emergency medical systems, patient outcome,  
39 and the impact of trauma, stroke and heart attack on the health care system.

40 (~~7~~10) "Trauma TSE system" means the organized approach to treat-  
41 ing injured patients that establishes and promotes standards for patient  
42 transportation, equipment, and information analysis for effective and co-  
43 ordinated ~~trauma~~ TSE care. Trauma TSE systems represent a continuum of care  
44 that is fully integrated into the emergency medical services system and is a  
45 coordinated effort between out-of-hospital and hospital providers with the  
46 close cooperation of medical specialists in each phase of care. The focus is  
47 on prevention, coordination of acute care, and aggressive rehabilitation.  
48 ~~Ideally, s~~Systems are designed to be inclusive of all injured patients with  
49 a TSE requiring acute care facilities, striving to meet the needs of the

1 patient, regardless of the severity of injury, geographic location or popu-  
 2 lation density. ~~Ultimately, a trauma~~ A TSE system seeks to prevent injuries  
 3 from happening and the reduction of death and disability when it does happen.

4 SECTION 11. That Section 57-2003, Idaho Code, be, and the same is hereby  
 5 amended to read as follows:

6 57-2003. ESTABLISHMENT OF ~~TRAUMA~~ TSE REGISTRY. The department, or an  
 7 authorized contractor of the department, shall:

8 (1) Establish a ~~trauma~~ TSE registry to collect and analyze information  
 9 on the incidence, severity, causes and outcomes of ~~trauma~~ TSEs, and other  
 10 such data necessary to evaluate trauma, strokes and heart attacks and the  
 11 health system's response to it;

12 (2) Establish the data elements and data dictionary, including child  
 13 specific data elements that hospitals must report, and the time frame and  
 14 format for reporting by adoption of rules in the manner provided in chapter  
 15 52, title 67, Idaho Code;

16 (3) Support, where necessary, data collection and abstraction by pro-  
 17 viding:

18 (a) A data collection system and technical assistance to each hospital;  
 19 and

20 (b) Funding or, at the discretion of the department, personnel for col-  
 21 lection and abstraction for each hospital.

22 SECTION 12. That Section 57-2004, Idaho Code, be, and the same is hereby  
 23 amended to read as follows:

24 57-2004. PARTICIPATION IN PROGRAM. (1) Each licensed hospital shall  
 25 report each case of ~~trauma~~ TSE which meets the inclusion criteria to the de-  
 26 partment or the authorized contractor of the department within one hundred  
 27 eighty (180) days of treatment.

28 (2) Each report of ~~trauma~~ TSE shall include information as defined by  
 29 the department.

30 (3) The department or authorized contractor of the department shall  
 31 have physical access to all records which would identify reportable cases  
 32 and/or establish characteristics, treatment or medical status of reportable  
 33 cases in the event that there has been a failure to report as delineated in  
 34 subsections (1) and (2) of this section.

35 (4) Nothing in this chapter shall prevent the department or authorized  
 36 contractor from identifying and reporting cases using data linkages with  
 37 death records, other ~~trauma~~ registries, and other potential sources.

38 SECTION 13. That Section 57-2005, Idaho Code, be, and the same is hereby  
 39 amended to read as follows:

40 57-2005. CREATION OF ~~TRAUMA~~ TSE REGISTRY FUND -- PURPOSE. There is  
 41 hereby created and established in the state treasury a fund to be known as  
 42 the "Trauma Time Sensitive Emergencies (TSE) Registry Fund" to which shall  
 43 be deposited the revenues derived from grants, appropriations or other  
 44 sources of funds. All moneys now or hereafter in the ~~trauma~~ TSE registry fund  
 45 are hereby dedicated for the purpose of contracting for and obtaining the



1 services of a continuous registry of all ~~trauma~~ time sensitive emergency in-  
2 cident patients in the state of Idaho and maintaining a cooperative exchange  
3 of information with other states providing a similar ~~trauma~~ TSE incident  
4 registry. The department of health and welfare, bureau of emergency medical  
5 services and preparedness, is charged with the administration of this fund  
6 for the purposes specified herein. All claims against the fund shall be  
7 examined, audited and allowed in the manner now or hereafter provided by law  
8 for claims against the state of Idaho.

9 SECTION 14. That Section 57-2006, Idaho Code, be, and the same is hereby  
10 amended to read as follows:

11 57-2006. CONFIDENTIALITY. (1) Information and records contained in  
12 the ~~trauma~~ TSE registry shall be kept confidential and may be released only  
13 as provided by this chapter and the rules of the department.

14 (2) The department and an authorized contractor may enter into agree-  
15 ments to exchange confidential information with other ~~trauma~~ TSE registries  
16 in order to obtain complete reports of Idaho residents treated in other  
17 states and to provide information to other states regarding their residents  
18 treated in Idaho. Agreements sharing information from the ~~trauma~~ TSE reg-  
19 istry shall include a provision requiring the receiving agency to keep such  
20 information confidential.

21 (3) The department and an authorized contractor may, in their discre-  
22 tion, publish or furnish to health researchers and the public, ~~de~~-identified  
23 information including compilations and analyses thereof.

24 (4) The department and an authorized contractor may furnish confi-  
25 dential information to other ~~trauma~~ TSE registries, federal ~~trauma~~ TSE  
26 programs, or health researchers in order to perform and collaborate with  
27 research studies. Persons and entities receiving confidential information  
28 for research purposes must comply with rules of the department relating to  
29 the confidentiality of ~~trauma~~ TSE registry records and information.

30 (5) The department and an authorized contractor may furnish confiden-  
31 tial information relating to a specific licensed hospital, including compi-  
32 lations and analyses of such confidential information, to the specific li-  
33 censed hospital to which it relates.

34 (6) ~~Trauma~~ TSE registry records and information shall not be available  
35 for purposes of litigation except by order of the court. Any such order  
36 shall contain such protective provisions as are reasonable and necessary  
37 to prevent the public or further disclosure of the records and information  
38 and shall contain a provision requiring the destruction of the records and  
39 information when no longer needed for the litigation.

40 SECTION 15. That Section 57-2007, Idaho Code, be, and the same is hereby  
41 amended to read as follows:

42 57-2007. LIABILITY. (1) No action for damages arising from the disclo-  
43 sure of confidential information may be maintained against any reporting en-  
44 tities or employees of such entities that participate in good faith in the  
45 reporting of ~~trauma~~ TSE registry data in accordance with this chapter.

1           (2) No license of a health care facility or health care practitioner may  
2 be denied, suspended or revoked for the good faith disclosure of confiden-  
3 tial information in accordance with this chapter.

4           (3) The immunity granted in subsections (1) and (2) of this section  
5 shall not be construed to apply to the unauthorized disclosure of confiden-  
6 tial information when such disclosure is due to gross negligence or willful  
7 misconduct of the reporting entities.