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# A BILL FOR AN ACT

RELATING TO TRAUMA CARE.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1           SECTION 1. The legislature finds that trauma care in  
2 Hawaii is in a state of crisis and recognizes that trauma care  
3 is a public health priority.

4           The legislature further finds that trauma centers are  
5 vitally important. A trauma center is different from other  
6 hospitals since it guarantees immediate availability of  
7 specialized surgeons, anesthesiologists, other physician  
8 specialists, nurses, and resuscitation life support equipment  
9 twenty-four hours a day. The emergency departments of hospitals  
10 may be staffed by an emergency physician day and night, but only  
11 trauma centers are able to handle the most severe, life  
12 threatening situations, where highly skilled, quick and  
13 intensive intervention within the early period of trauma may  
14 mean the difference between life and death.

15           As the American College of Surgeons noted in its Trauma  
16 System Consultation report, extreme isolation and limited  
17 physician re-supply capability renders Hawaii uniquely



1 vulnerable to natural disasters that may occur in a mid-Pacific  
2 environment.

3 Injury is the leading cause of death for persons between  
4 the ages of one to forty-four in the State of Hawaii. This is  
5 more than the deaths caused by cancer and heart disease  
6 combined. This underscores the seriousness of traumatic injury  
7 as a public health problem in the State. When injuries are  
8 serious, the specialized equipment and prompt access to  
9 physicians available in trauma centers can make a significant  
10 difference in the patient's health outcome. Trauma centers have  
11 been shown to reduce preventable deaths by more than twenty per  
12 cent as compared to other hospital care.

13 The Queen's Medical Center has long been recognized as a  
14 statewide destination hospital for critically ill or injured  
15 patients. Over the past twenty years, it has worked to become a  
16 verified level II trauma center and is the only recognized  
17 trauma center in the State today.

18 As the single definitive trauma care medical center, The  
19 Queen's Medical Center provides care for the vast majority of  
20 trauma patients on Oahu, pediatric and adult, as well as more  
21 serious trauma patients transferred in from the neighbor islands  
22 because of the lack of designated trauma centers elsewhere in



1 the State. Currently, one thousand five hundred trauma patients  
2 receive trauma care at The Queen's Medical Center per year.

3 Physician availability for care of trauma patients is  
4 lacking or inconsistent in some areas of the State and for some  
5 specialties. This increases the demand for inter-facility  
6 transfer, and places additional burdens on the trauma center at  
7 The Queen's Medical Center.

8 Because of this burden, The Queen's Medical Center is  
9 currently operating its trauma center at a cost of approximately  
10 \$29,700,000 per year, and at a loss of approximately \$6,000,000  
11 per year. There currently is no method for recovering expenses  
12 associated with the cost of readiness, idling costs, or  
13 opportunity costs associated with being the only designated  
14 trauma center in the State. Furthermore, The Queen's Medical  
15 Center accepts all trauma patients without regard for a  
16 patient's ability to pay or type of insurance plan. While it  
17 currently receives federal funding from disproportionate share  
18 hospital payments, such payments and other funding are not  
19 enough to ensure the viability of The Queen's Medical Center  
20 trauma center.

21 Disproportionate share of hospital payments are additional  
22 payments in the medicaid and medicare programs that help



1 hospitals finance care to low-income and uninsured patients.  
2 These payments ensure that communities have access to high-cost  
3 services including trauma care. However, the disproportionate  
4 share of hospital payment provided to The Queen's Medical Center  
5 is allocated to all areas of the hospital including the trauma  
6 center and is not enough to sustain the trauma center, even  
7 after accounting for all other sources of funding.

8       Typically, the cost of running an emergency department is  
9 far higher than the total payments received from patients who  
10 are treated. The Queen's Medical Center incurs high additional  
11 costs from having to pay physician specialists to provide  
12 emergency call coverage. Between 2000 and 2004, thirty trauma  
13 centers closed across the nation as hospitals faced volume  
14 increases, higher costs, liability concerns, and low or no  
15 payment for trauma services. Should The Queen's Medical Center  
16 trauma center have to close because of one or more of these  
17 problems, the State will be without a recognized, certified  
18 trauma center, and the people of Hawaii will suffer. As many as  
19 thirty-five per cent of trauma patients in the United States die  
20 because optimal acute care was not available.

21       A weakened trauma center decreases the State's readiness to  
22 respond not only to a normal flow of critically injured patients



1 but to unforeseen disasters and emergencies as well. The tragic  
2 events of September 11th and Hurricane Katrina illustrate that  
3 trauma readiness and availability is every bit as important, and  
4 as much an issue of public safety, as police and fire services.  
5 Skilled trauma services with the capacity to handle a surge in  
6 demand are a fundamental necessity in responding to natural  
7 disasters and man-made disasters.

8 Therefore, the purpose of this Act is to sustain the trauma  
9 care resources currently available by supplementing dedicated  
10 funding sources.

11 SECTION 2. Effective for fiscal year 2006-2007 and each  
12 year thereafter, the department of human services shall  
13 distribute disproportionate share of hospital payments to The  
14 Queen's Medical Center to provide financial assistance to ensure  
15 the on-call availability of physicians for trauma care; provided  
16 that the amount of disproportionate share of hospital payments  
17 distributed shall be fifty per cent of the amount of funds  
18 provided to The Queen's Medical Center for fiscal year 2005-  
19 2006.



1 SECTION 3. This Act shall take effect on July 1, 2006, and  
2 shall be repealed on June 1, 2013.

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INTRODUCED BY:           *Russell H. Baker*          



**Report Title:**

Trauma Care

**Description:**

Requires the distribution of a percentage of disproportionate share of hospital payments to The Queen's medical center on an annual basis to ensure the availability of physicians on-call for trauma care.

