

**STATEMENT OF BASIS AND PURPOSE  
AND SPECIFIC STATUTORY AUTHORITY FOR**

Proposed Amendments to Rules Pertaining to the Statewide Emergency Medical and Trauma Care  
System

6 CCR 1015-4

Chapter Three, Designation of Trauma Facilities

**May 18, 2011**

**Basis and Purpose:**

Colorado law directs the State Board of Health to promulgate rules for the statewide emergency medical and trauma care system, to include, but not limited to, the designation of trauma facilities, the establishment of a schedule of fees based on the direct and indirect costs incurred in designating facilities and the adjustment of fees in amounts necessary to cover costs. The current trauma designation fees are no longer sufficient to cover the cost of the designation process. A detailed fiscal analysis of the current and historical program costs was developed to project costs into the future. The proposed rule change revises the fees charged to facilities seeking trauma designation renewal which will allow the trauma designation process to have sufficient funding to continue for no less than the next three-year designation cycle (July 2011 – June 2014). These costs (even after the fee increase) are significantly less than the private voluntary trauma designation system that preceded the current system of state designation.

Sections of the current rule incorporate by reference the 2008 Emergency-Management-related requirements of The Joint Commission. The proposed amendments include the incorporation by reference of the 2011 Joint Commission requirements. Technical changes have also been made to the rule in order to correct citations, references and grammatical errors.

**These Rules are Promulgated Pursuant to the Following Statutes:**

Section 25-3.5-701, *et seq.*, C.R.S.

**Major Factual and Policy Issues Encountered:**

As part of the process of revising this rule, a trauma designation fee task force, comprised of members from designated trauma centers, regional emergency medical and trauma services advisory councils, trauma personnel and vested stakeholders, worked to revise the trauma center designation fees. Every designated trauma center was invited to participate in this process. The proposed fee structure attempts to protect the smallest facilities from costs that are not easily absorbed in smaller budgets. This approach is consistent with the historical development of the trauma program in Colorado in order to support the participation of rural hospitals and clinics.

In October 2010, the proposed fees were distributed to the chief executive officer of each of the current trauma facilities seeking their input and feedback. The revised methodology and fees were introduced to the State Emergency Medical and Trauma Services Advisory Council in October 2010 with formal presentation to and approval by the State Emergency Medical and Trauma Services Advisory Council in January 2011.

**Alternative Rules Considered:**

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In developing these rules, the Department considered different possibilities to meet its statutory requirements, needs of various stakeholders and responsibilities for public health and safety. No other alternatives were deemed appropriate.