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**HOUSE JOINT RESOLUTION NO. 183**  
**AMENDMENT IN THE NATURE OF A SUBSTITUTE**  
 (Proposed by the House Committee on Rules  
 on February 14, 2004)

(Patrons Prior to Substitute—Delegates McDonnell and Jones, D.C. [HJR 115])

*Directing the Joint Legislative Audit and Review Commission to study the use and financing of trauma centers in the Commonwealth's hospitals. Report.*

WHEREAS, pursuant to § 32.1-111.3 of the Code of Virginia, the Board of Health is charged with developing "a comprehensive, coordinate, emergency medical system," a component of which is the "designation of appropriate hospitals as trauma centers and specialty care centers based on an applicable national evaluation system"; and

WHEREAS, trauma centers are designated as Level I, i.e., providing services for multiple trauma 24 hours a day, Level II, i.e., providing community-based trauma services for less than 24 hours a day, and Level III, i.e., providing stabilization and transfer of trauma patients to Level I and Level II centers as appropriate; and

WHEREAS, approximately 13 hospitals in Virginia are designated, according to the Board's criteria, as Level I, Level II, or Level III trauma centers; and

WHEREAS, among these 13 trauma centers, five are or were until recently designated as Level I trauma centers, two are designated as Level II trauma centers, and six are designated as Level III trauma centers; and

WHEREAS, in 2002, of the more than 2.5 million emergency room admissions in Virginia, more than 455,00 were for the designated trauma centers; and

WHEREAS, even traditional emergency rooms can lose money for hospitals because many of the patients are young or indigent and uninsured and because the incidence of trauma has increased exponentially with the increase in the number of motor vehicles and high-speed travel; and

WHEREAS, trauma centers are much more expensive than the traditional emergency room because of the costly equipment and personnel required to meet the Board's criteria to provide such care; and

WHEREAS, in Virginia's trauma centers, the costs of the sophisticated equipment and specialized physician care appear to be exacerbated by reduced revenues because of third-party payor limitations on reimbursement, growing numbers of indigent and uninsured patients, and increases in overall volume of trauma patients; and

WHEREAS, although trauma centers play a vital role in the emergency medical care system, some of Virginia's hospitals are finding it hard to maintain designation as trauma centers because of the costs and lower revenues; and

WHEREAS, if Virginia's trauma patients are to receive trauma care during the "golden hour" following trauma, mechanisms must be developed to assist the designated trauma centers to survive and to continue to deliver the care essential for severe or multiple trauma; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Joint Legislative Audit and Review Commission be directed to study the use and financing of trauma centers in the Commonwealth's hospitals.

In conducting its study, the Joint Legislative Audit and Review Commission shall (i) examine utilization trends vis-à-vis number of patients served and kind of services delivered; (ii) compare Virginia's utilization trends to national utilization trends; (iii) assess the demographics of patients requiring trauma center services in Virginia; (iv) conduct an insurance profile of the patients requiring these services in Virginia and, in so far as possible, the nation; (v) analyze the financial costs and benefits to hospitals of being designated a trauma center, including any public relations or other "good will" benefit from being known as a trauma center; and (vi) determine any steps that can be taken to maintain appropriate and necessary trauma services in Virginia's hospitals.

Technical assistance to the Commission for this study shall be provided by the Secretary of Health and Human Resources, the Department of Health's Office of Emergency Services, and the Virginia Hospital and Health Care Association, upon request. All agencies of the Commonwealth shall provide assistance to the Joint Legislative Audit and Review Commission for this study, upon request.

The Joint Legislative Audit and Review Commission shall complete its meetings by November 30, 2004, and the Director shall submit to the Division of Legislative Automated Systems an executive summary of its findings and recommendations no later than the first day of the 2005 Regular Session of the General Assembly. The executive summary shall state whether the Joint Legislative Audit and Review Commission intends to submit to the General Assembly and the Governor a report of its findings and recommendations for publication as a document. The executive summary and report shall be submitted as provided in the procedures of the Division of Legislative Automated Systems for the

**60** processing of legislative documents and reports and shall be posted on the General Assembly's website.