

**Department of State Health Services  
Council Agenda Memo for State Health Services Council  
August 17 – 18, 2016**

**Agenda Item Title:** Amendments to rules concerning injury prevention and control.

**Agenda Number:** 4.a.

**Recommended Council Action:**

For Discussion Only

For Discussion and Action by the Council

**Background:**

The Injury Epidemiology and Surveillance Branch is located in the Environmental Epidemiology and Disease Registries Section of the Division for Disease Control and Prevention Services. The Program's purpose is to improve the health of Texans by reducing morbidity and mortality resulting from injuries. The Program continually seeks to improve the surveillance of reportable injuries and events through the use of the EMS & Trauma Registries and other population-based data sources; assess Texas' EMS and trauma care systems using public health principles and best practices; and share knowledge through data dissemination, presentations, and reports for the benefit of public health. The EMS & Trauma Registries is a statewide surveillance system that receives reportable event data from EMS providers, hospitals, justices of the peace, medical examiners, and rehabilitation facilities.

The Program's budget is \$2,323,631 and the source of the funding is general revenue.

**Summary:**

The rules implement Health and Safety Code, Chapter 92, for the prevention and control of injuries in Texas by establishing and maintaining a trauma reporting and analysis system, by investigating injuries, and by providing injuries related information for prevention. The proposed new rules revise and delete definitions, update language, and clarify requirements. The Injury Epidemiology and Surveillance Branch collects data on reportable injuries and EMS runs submitted by the reporting health care providers (physicians, medical examiners, justices of the peace, hospitals, and acute and post-acute care rehabilitation facilities) and EMS providers.

The purpose of the amendments is to comply with the four-year review of agency rules required by the Government Code, Section 2001.039.

**Key Health Measures:**

Program staff will monitor reporting numbers, data quality, and compliance statistics for changes following adoption of the rule amendments.

**Summary of Input from Stakeholder Groups:**

The Program emailed proposed rule changes to the DSHS Office of EMS/Trauma Systems Coordination (OEMS) on January 15, 2015, and met OEMS staff on January 26, 2015. OMES staff suggested the following: 1) include the word “electronic” for data submission in the method of reporting throughout the rules, and 2) include a statement about final reporting responsibility for those providers that use third party services for data reporting. The Program agreed with these suggestions and made appropriate changes to the proposed rules.

The Program emailed proposed rule changes to the Texas Health and Human Services, Office of Acquired Brain Injury (OABI) on March 22, 2015, and met with OABI staff on April 7, 2015. OABI supports proposed changes.

The Program provided the chairs of the EMS committee and Trauma system committee of Governor’s EMS and Trauma Advisory Council copies of the proposed rule changes on April 24, 2015, and met with these entities on August 20, 2015. The Program did not receive any feedback from the Trauma System Committee. The EMS committee agreed with the suggested rule changes and indicated that the rule changes were minor, needed and straightforward.

**Proposed Motion:**

Motion to recommend HHSC approval for publication of rules contained in agenda item # 4.a.

**Approved by Assistant Commissioner/Director:** Janna Zumbrun **Date:** 7-21-16

**Presenter:** Heidi Bojes, Ph.D. **Program:** Environmental Epidemiology and Disease Registries Section **Phone No.:** 512-776-6351

**Approved by CPEA:** Carolyn Bivens **Date:** 7-25-16

Title 25. HEALTH SERVICES  
Part 1. DEPARTMENT OF STATE HEALTH SERVICES  
Chapter 103. Injury Prevention and Control  
Amendments §§103.1 - 103.8

Proposed Preamble

The Executive Commissioner of the Health and Human Services Commission, on behalf of the Department of State Health Services (department), proposes amendments to §103.1 - 103.8, concerning injury prevention and control.

BACKGROUND AND PURPOSE

Government Code, §2001.039, requires that each state agency review and consider for re-adoption of each rule adopted by that agency pursuant to Government Code, Chapter 2001 (Administrative Procedure Act). The department has reviewed the rules and determined that reasons for adopting the sections continue to exist because rules on this subject are needed to administer the program effectively.

The department administers the state program for Injury Epidemiology and Surveillance. The Emergency Medical Services (EMS) & Trauma Registries system is operated by the Injury Epidemiology and Surveillance Branch (the Program) that collects data on reportable injuries and EMS runs submitted by the reporting health care providers (physicians, medical examiners, justices of the peace, hospitals, and acute and post-acute care rehabilitation facilities) and EMS providers.

The rules implement Health and Safety Code, Chapter 92 for the prevention and control of injuries in Texas by establishing and maintaining a trauma reporting and analysis system, investigating injuries, and providing injury related information for prevention. Senate Bill (SB) 219, 84th Texas Legislature, Regular Session, 2015, amended Health and Safety Code, Chapter 92 and replaced the "Texas Board of Health" that was abolished with the "Executive Commissioner" and the "department."

The Program develops reporting requirements, maintains registries operations, conducts data analysis, prepares reports, and provides information for injury prevention and control in Texas. The amendments to the rules clarify the rules for reporting entities. The rule revisions are expected to increase reporting, improve data quality (timeliness, accuracy, and completeness), improve compliance with reporting requirements, and ensure secure access to data by authorized system users.

SECTION-BY-SECTION SUMMARY

Changes made throughout the sections include various grammatical, punctuations, and formatting changes. Also, any reference to the "Texas EMS/Trauma Registry" has been changed to the "Texas EMS & Trauma Registries" or "Registries" in §103.1, 103.2 and 103.3 - 103.8. In addition to these changes, more specific proposed changes included in the sections are described as follows.

Section 103.1(a) is being revised to replace the "Texas Board of Health" which was abolished with the "Executive Commissioner." In subsection (b), the references to "Commissioner" were replaced with "Executive Commissioner."

Section 103.2 defines the key words and terms used in the rule. The definitions of "business associate" and "paper reporting" were deleted because they are no longer relevant terms. The definitions for "data dictionaries" and "no reportable data" were added because these terms were not previously defined and are included in the rules. The definitions of "run," "spinal cord injury," "submersion injury," "traumatic brain injury," and "traumatic injury" were removed and included in the new definition of "reportable event."

Section 103.4 specifies reporting entities and lists reportable injuries and events. The list of reportable injuries and events was clarified for hospitals. The phrase "if reporting for a physician" was added to the reporting entities for a hospital and for an acute or post-acute rehabilitation facility.

Section 103.5 specifies reporting requirements for EMS providers. The section was revised to clarify the requirements for reporting “no reportable data” (NRD) and the use of third-party services to submit data to the department on behalf of the reporting entity.

Section 103.6 specifies the reporting requirements for physicians, medical examiners, and justices of the peace. This section was revised to clarify reporting requirements, such as the submittal of data electronically within ninety calendar days of the date of examination. The section also specifies that hospitals may fulfill reporting requirements on behalf of a physician as stated in §§103.7. Language was also added concerning the use of third-party services to submit data to the department on behalf of the reporting entity.

Section 103.7 specifies the reporting requirements for hospitals if reporting on behalf of physicians. The section was revised to clarify the requirements for reporting, including electronic reporting within ninety calendar days, submission of NRD on a monthly basis as appropriate, and use of third-party services to submit data.

Section 103.8 specifies the reporting requirements for acute or post-acute rehabilitation facilities if reporting on behalf of physicians. The section was revised to clarify the requirements for reporting including electronic reporting within ninety calendar days, submission of NRD on a monthly basis as appropriate, and use of third-party services to submit data.

#### FISCAL NOTE

Heidi Bojes, PhD, Director of the Environmental Epidemiology and Disease Registries Section, has determined that for each year of the first five years that the sections will be in effect, there will be no fiscal implications to state or local governments as a result of enforcing and administering the sections as proposed.

#### SMALL AND MICRO-BUSINESS IMPACT ANALYSIS

Dr. Bojes has also determined that there will be no adverse impact on small businesses or micro-businesses required to comply with the sections as proposed. This was determined by interpretation of the rules that small businesses and micro-businesses will not be required to alter their business practices in order to comply with the sections. Therefore, an economic impact statement and regulatory flexibility analysis for small and micro-businesses are not required.

#### ECONOMIC COSTS TO PERSONS AND IMPACT ON LOCAL EMPLOYMENT

There are no anticipated economic costs to persons who are required to comply with the sections as proposed. There is no anticipated negative impact on local employment.

#### PUBLIC BENEFIT

In addition, Dr. Bojes has also determined that for each year of the first five years the sections are in effect, the public will benefit from adoption of the sections. The rule revisions are expected to increase the required reporting from reporting entities, improve data quality (timeliness, accuracy, and completeness), improve compliance with reporting requirements, and ensure secure access to data by authorized entities. Collectively, the rule revisions will improve injury surveillance in Texas.

#### REGULATORY ANALYSIS

The department has determined that this proposal is not a "major environmental rule" as defined by Government Code, §2001.0225. "Major environmental rule" is defined as a rule with the specific intent to protect the environment or reduce risk to human health from environmental exposure that may adversely affect, in a material way, the economy, a sector of the economy, productivity, competition, jobs, the environment or the public health and safety of a state or a sector of the state. The proposed rule revisions are not specifically intended to protect the environment or reduce risks to human health from environmental exposure.

## TAKINGS IMPACT ASSESSMENT

The department has determined that the rule revisions do not restrict or limit an owner's right to his or her property that would otherwise exist in the absence of government action; therefore, do not constitute a taking under Government Code, §2007.043.

## PUBLIC COMMENT

Comments on the proposed rule revisions may be submitted to Dr. Prakash Patel, Environmental Epidemiology and Disease Registries Section, Mail Code 1964, Texas Department of State Health Services, P.O. Box 149347, Austin, Texas 78714-9347, or by email to Prakash.patel@dshs.state.tx.us. Comments will be accepted for 30 days following publication of the proposal in the *Texas Register*.

## LEGAL CERTIFICATION

The Department of State Health Services General Counsel, Lisa Hernandez, certifies that the proposed rules have been reviewed by legal counsel and found to be within the state agencies' authority to adopt.

## STATUTORY AUTHORITY

The amendments are authorized by Health and Safety Code, §92.003, which requires the department to establish guidelines by rule for conducting injury surveillance by developing the reporting requirements of reportable injuries and events in Texas; Health and Safety Code, §773.112, which authorizes the department to adopt rules establishing requirements for data collection, including trauma incidence reporting; and Government Code, §531.0055, and Health and Safety Code, §1001.075, which authorize the Executive Commissioner of the Health and Human Services Commission to adopt rules and policies necessary for the operation and provision of health and human services by the department and for the administration of Health and Safety Code, Chapter 1001. Review of the rules implements Government Code, §2001.039.

The amendments affect Government Code, 531; and Health and Safety Code, Chapters 92, 773 and 1001.

Title 25. Health Services  
Part 1. Department of State Health Services  
Chapter 103. Injury Prevention and Control

Legend: (Proposed Amendments)

Single Underline = Proposed new language

**[Bold Print and Brackets]** = Current language proposed for deletion

Regular Print = Current language

(No change.) = No changes are being considered for the designated subdivision

§103.1. Purpose and Purview.

(a) These sections implement the following Health and Safety Codes.

(1) Chapter 92 authorizes the Executive Commissioner **[Texas Board of Health]** to adopt rules concerning the reporting and control of injuries.

(2) Chapter 773, §773.112(c) and §773.113(a)(3), requires the department to establish and maintain a trauma reporting and analysis system.

(3) The Texas Department of Health and the Texas Board of Health were abolished by Chapter 198, §1.18 and §1.26, 78th Legislature, Regular Session, 2003. Health and Safety Code, Chapter 1001, establishes the Department of State Health Services (department), which now administers these programs. Government Code, §531.0055, provides authority to the Executive Commissioner of the Health and Human Services Commission to adopt rules for the department.

(b) The Executive Commissioner or the Executive Commissioner's designee shall, as circumstances may require, proceed as follows.

(1) May contact a medical examiner, justice of the peace, physician, hospital, or acute or post-acute rehabilitation facility attending a person with a case or suspected case of a required reportable event.

(2) May provide aggregate data with the suppression of values at the discretion of the EMS & Trauma Registries **[Registry]**.

(3) May release data to other areas of the department.

(4) May give information concerning the injury or its prevention to the patient or a responsible member of the patient's household to prevent further injury.

(5) May collect, or cause to be collected, medical, demographic, or epidemiological information from any medical or laboratory record or file to help the department in the epidemiologic evaluation of injuries and their causes.

(6) Investigation may be made by staff of the department for verifying the diagnosis, ascertaining the cause of the injury, obtaining a history of circumstances surrounding the injury, and discovering unreported cases.

(A) May enter at reasonable times and inspect within reasonable limits, a public place or building, including a public conveyance, in the Commissioner's **[commissioner's]** duty to prevent injury.

(B) May not enter a private residence to conduct an investigation about the causes of injuries without first receiving permission from a lawful adult occupant of the residence.

#### §103.2. Definitions.

The following words and terms, when used in these sections, shall have the following meanings, unless the context clearly indicates otherwise.

**[(1) Business associate--A covered entity performing a function on behalf of an entity reporting under this chapter as defined in, 45 Code of Federal Regulation (CFR) §160.103.]**

(1)[(2)] Call for assistance--An event where an Emergency Medical Services (EMS) **[EMS]** provider is activated via an internal communication system or by a 9-1-1 operator.

(2)[(3)] Case--A person in whom an injury is identified by a physician or medical examiner based upon clinical evaluation, interpretation of laboratory and/or radiological **[roentgenographic]** findings, and an appropriate exposure history.

(3)[(4)] Commissioner--Commissioner of the Department of State Health Services.

(4) Data dictionaries --A collection of descriptions of the data elements in the Texas EMS & Trauma Registries database.

(5) Department--The Department of State Health Services, 1100 West 49th Street, Austin, Texas 78756-3180.

(6) Electronic reporting--Submitting data by computer in a format prescribed by the department.

(7)[(8)] Emergency Medical Services (EMS) provider--A person or entity that **[who]** uses, operates or maintains EMS vehicles and EMS personnel to provide EMS; as defined by Health and Safety Code, §773.003(11) and Chapter 157, Subchapter A, §157.2 of this title (relating to Definitions).

(8) Health authority--A physician appointed as such under Texas Health and Safety Code, Chapter 121.

(9) Injury--Damage to the body resulting from intentional or unintentional acute exposure to thermal, mechanical, electrical, or chemical energy, or from the absence of essentials such as heat or oxygen.

(10) Investigation--Fieldwork designed to obtain more information about an incident.

(11) Local health department--A department created under the Texas Health and Safety Code, Chapter 121.

(12) No reportable data (NRD)--If the entity does not have any reportable event for a given month, the entity shall inform the Texas EMS & Trauma Registries monthly by providing the NRD submission.

**[(12) Paper reporting--Submitting data on paper in a format prescribed by the Department; if sent by mail or courier, reports shall be placed in a sealed envelope, marked "Confidential Medical Records" to the following address: Attention: EMS/Trauma Registry, Texas Department of State Health Services, 1100 West 49th Street, Austin, Texas 78756-3180.]**

(13) Regional Registry--A system that collects, maintains and reports EMS provider runs and trauma data to the department for a designated area of the state.

(14) Registries [Registry]--The Texas EMS & Trauma Registries [**Texas EMS/Trauma Registry**] is [**the staff and**] the statewide database [databases] housed within the department; responsible for the collection, maintenance, and evaluation of medical and system information related to required reportable events as defined in this section.

(15) Reporting entity--An EMS provider, a justice [Justice] of the peace, [Peace] a medical examiner, a physician, or an entity reporting on behalf of the physician including a hospital[,] or an acute or post-acute rehabilitation facility.

(16) Reportable event--Any injury or incident required to be reported under this chapter.

(A) EMS run--A resulting action from a call for assistance where an EMS provider is dispatched to, responds to, provides care to or transports a person.

(B) Traumatic brain injury (TBI)--An acquired injury to the brain, including brain injuries caused by anoxia due to submersion incidents.

(C) Spinal cord injury (SCI)--An acute, traumatic lesion of the neural elements in the spinal canal, resulting in any degree of sensory deficit, motor deficits, or bladder/bowel dysfunction.

(D) Submersion injury--The fatal or non-fatal process of experiencing respiratory impairment from submersion/immersion in liquid.

(E) Significant trauma injuries--Other severely injured trauma patients whose injury meets the department's inclusion criteria based on the data dictionaries and admitted to a hospital inpatient setting for more than 48 hours, or died after receiving any evaluation or treatment, or was dead on arrival, or transferred into or out of a hospital.

**[(17) Run--A resulting action from a call for assistance where an EMS provider:]**

**[(A) is dispatched to;]**

**[(B) responds to;]**

**[(C) provides care to; or]**

**[(D) transports a person.]**

**[(18) Spinal cord injury (SCI)--An acute, traumatic lesion of the neural elements in the spinal canal, resulting in any degree of sensory deficit, motor deficits, or bladder/bowel dysfunction. The following International Classification of Diseases 9th Revision Clinical Modification (ICD-9-CM) diagnostic codes are to be used to identify cases of traumatic spinal cord injury: 806.0-806.9 and 952.0-952.9.]**

**[(19) Submersion injury--The process of experiencing respiratory impairment from submersion/immersion in liquid.]**

(17) [(20)] Suspected case--A case in which an injury is assumed, but a diagnosis is not yet made, as in the example of justices of the peace.

(18) [(21)] Third-party services--Includes, but is not limited to a regional registry located in a trauma service area (TSA), a billing agency, or a data reporting agency.

(19) [(22)] Trauma--An injury or wound to a living body caused by the application of an external force, including but not limited to violence, burns, poisonings, submersion incidents, traumatic brain injuries, traumatic spinal cord injuries, and suffocations.

(20) [(23)] Trauma service area (TSA)--A multi-county area in which an emergency medical services and trauma care system has been developed by a Regional Advisory Council and has been recognized by the department.

**[(24) Traumatic brain injury (TBI)--An acquired injury to the brain, including brain injuries caused by anoxia due to submersion incidents. The following International Classification of Diseases 9th Revision Clinical Modification (ICD-9-CM) diagnostic codes are to be used to identify cases of traumatic brain injury: 800.0-801.9, 803.0-804.9, and 850.0-854.1. The ICD-9-CM diagnostic code to be used to identify traumatic brain injury caused by anoxia due to submersion incidents is 348.1 or 994.1.]**

**[(25) Traumatic injury--An injury listed in the International Classification of Diseases 9th Revision Clinical Modification (ICD-9-CM) diagnostic codes between 800.0 and 959.9, excluding 905-909, 910-924, and 930-939, and admitted to a hospital inpatient setting (for more than 48 hours), or died after receiving any evaluation or treatment or was dead on arrival, or transferred into or out of the hospital.]**

§103.3. Confidentiality.

(a) All information and records relating to injuries received by the local health authority or the department, including information electronically submitted to the EMS & Trauma Registries [**Registry**] and information from injury investigations, are sensitive, confidential, and not public records.

(b) These records shall be held in a secure place and accessed only by authorized personnel. All communications pertaining to these records shall be clearly labeled "Confidential" and will follow established departmental internal protocols and procedures.

(c) Information or records relating to any personal injury may not be released or made public on subpoena or otherwise, except that release may be made:

(1) for statistical purposes, if released in a manner that prevents the identification of any person;

(2) with the consent of each person identified in the information released; or

(3) to medical personnel in a medical emergency to the extent necessary to protect the health or life of the named person.

(d) The department may limit the release of record-level data for medical research to those studies with high scientific merit and have been approved by the department's Institutional Review Board.

(e) A reporting entity may request in writing its own reportable data that has been submitted to the EMS & Trauma Registries [**Registry**].

§103.4. Who Shall Report and List of Reportable Injuries and Events.

Injuries and events listed below to be reported are defined in §103.2 of this title (relating to Definitions).

(1) [(a)] EMS Provider--All EMS runs.

(2) [(b)] Justice of the peace [**Peace**]--

(A) [(1)] Submersion injuries.

(B) [(2)] Traumatic brain injuries.

(C) [(3)] Spinal cord injuries.

(3) [(c)] Medical examiner [**Examiner**]--

(A) [(1)] Submersion injuries.

(B) [(2)] Traumatic brain injuries.

(C) [(3)] Spinal cord injuries.

(4) [(d)] Physician--

(A) [(1)] Submersion injuries.

(B) [(2)] Traumatic brain injuries.

(C) [(3)] Spinal cord injuries.

(D) [(4)] A [**However, a**] physician shall be exempt from reporting[,] if a hospital or acute or post-acute rehabilitation facility admitted the patient and fulfilled the reporting requirements as stated in §103.7 of this title (relating to Reporting Requirements for Hospitals) or §103.8 of this title (relating to Reporting Requirements for Acute or Post-Acute Rehabilitation Facilities).

(5) [(e)] Hospital (if reporting for a physician)--

(A) Traumatic brain injuries.

(B) Spinal cord injuries.

(C) Submersion injuries.

(D) Significant trauma injuries.

**[(1) Submersion injuries.]**

**[(2) Traumatic brain injuries.]**

**[(3) Spinal cord injuries.]**

**[(4) Other Traumatic injuries.]**

(6) [(f)] Acute or post-acute rehabilitation facility (if reporting for a physician)--

(A) [(1)] Traumatic brain injuries.

(B) [(2)] Spinal cord injuries.

(7) [(g)] The professionals or organizations listed in this section must send all reports of injuries and events listed in this section to the EMS & Trauma Registries [Registry]. If the above listed professionals or organizations choose to notify a local or regional health authority to respond on their behalf, the local or regional health authority must report to the EMS & Trauma Registries [Registry] within ten workdays.

#### §103.5. Reporting Requirements for EMS Providers.

(a) General Information.

(1) All data must [should] be transmitted electronically to the EMS & Trauma Registries within ninety calendar days of the date of call for assistance [at least quarterly]; monthly [electronic data] submissions are recommended.

**[(2) EMS providers shall submit data to the Registry within three months of the date of call for assistance.]**

(2) [(3)] EMS providers must report no reportable data [complete and submit a No Reportable Data] (NRD) [Form] to the Registries monthly for [Registry within ninety days of] any given month with no runs.

(b) Data Elements and Methods.

(1) Data elements currently [All runs, as] defined by [in] the appropriate data dictionaries [Texas EMS/Trauma Registry EMS Data Dictionary,] must be submitted [electronically] to the department's online Registries [EMS/Trauma Registry].

(2) NRD **[Form]**--If an EMS provider has no [does not have any monthly electronic records to transmit because the EMS provider did not receive any] calls for assistance, the EMS provider must provide an NRD submission [submit] to the Registries [Registry, within ninety days, a completed electronic form, prescribed by the department, stating that it did not have any runs to report] for that month.

(c) Third-party Services.

(1) An EMS provider may use third-party [the] services [of a business associate] to submit [transmit an electronic] data [file] to the Registries [department]. A legally binding agreement must exist between the EMS provider and the third-party services. Documentation of the legally binding agreement must be provided to the department for third-party services to submit the data on behalf of the EMS provider within the Registries.

(2) If an EMS provider uses the third-party services, the EMS provider is ultimately responsible for the complete, accurate and timely reporting of data to the Registries.

**[(2) Any third-party service used by an entity reporting under this rule may be a business associate upon conclusion of a business associate agreement between the EMS provider and the third-party service.]**

§103.6. Reporting Requirements for Physicians, Medical Examiners, and Justices of the Peace.

(a) General Information.

**[(1)] All data must [should] be transmitted electronically to the EMS & Trauma Registries within ninety calendar days of the date of examination [at least quarterly]; monthly **[electronic data]** submissions are recommended.**

**[(2) Physicians, Medical Examiners, and Justices of the Peace shall submit data to the Registry within three months of the identification of a required reportable event.]**

(b) Data Elements and Methods. **[- If a specialized reporting system exists for a required reportable event, then the case or suspected case must be submitted to all relevant reporting systems as defined in its respective data dictionary]**

(1) Data elements defined by the appropriate data dictionaries for all required reportable events, must be submitted to the department's online Registries.

(2) If a specialized reporting system exists for a required reportable event, then the case or suspected case must be submitted to all relevant reporting systems.

(3) Hospitals can report the data elements as defined by the appropriate data dictionaries to the Registries on behalf of physicians.

(c) Third-party Services.

(1) A physician, medical examiner or justice of the peace may use third-party services to submit data to the Registries. A legally binding agreement must exist between the physician, medical examiner or justice of the peace and the third-party services. Documentation of the legally binding agreement must be provided to the department for third-party services to submit the data on behalf of the physician, medical examiner or justice of the peace.

(2) A physician, medical examiner or justice of the peace uses the third-party services, the physician, medical examiner or justice of the peace is ultimately responsible for the complete, accurate and timely reporting of data to the Registries.

§103.7. Reporting Requirements for Hospitals.

(a) General Information.

(1) All data must [should] be transmitted electronically to the EMS & Trauma Registries within ninety calendar days of the date of discharge from their facility [at least quarterly]; monthly **[electronic data]** submissions are recommended.

**[(2) Hospitals shall submit data to the Registry within three months of a patient's discharge from their facility.]**

~~(2)~~**[(3)]** Hospitals must report no reportable data [complete and submit a No Reportable Data] (NRD) **[Form]** to the Registries monthly for [Registry within ninety days of] any given month with no [that the hospital did not treat or document a] required reportable event.

(b) Data Elements and Methods.

(1) Data elements [All required reportable events, as] defined by [in] the appropriate data dictionaries for all required reportable events, [department's EMS/Trauma Registry Hospital Data Dictionary,] must be submitted **[electronically]** to the department's online Registries [EMS/Trauma Registry System].

(2) If a specialized reporting system exists for a required reportable event, then the case or suspected case must be submitted to all relevant reporting systems **[as defined in its respective data dictionary]**.

**[(3) NRD Form--If a hospital does not have any monthly electronic records to transmit or paper forms to send because the hospital did not treat or document a submersion injury, a TBI, an SCI, or any other traumatic injury, the hospital must complete and submit to the Registry within ninety days, an electronic or paper form prescribed by the department, stating that it did not have any required reportable events to report for that month.]**

(c) Third-party Services.

(1) A hospital may use third-party [the] services **[of a business associate]** to submit [transmit an electronic] data [file] to the Registries [department]. A legally binding agreement must exist between the hospital and the third-party services. Documentation of the legally binding agreement must be provided to the department for third-party services to submit the data on behalf of the hospital within the Registries.

(2) If a hospital uses the third-party services, the hospital is ultimately responsible for the complete, accurate and timely reporting of data to the Registries.

**[(2) Any third-party service used by an entity reporting under this rule may be a business associate upon conclusion of a business associate agreement between the hospital and the third-party service.]**

§103.8. Reporting Requirements for Acute or Post-Acute Rehabilitation Facilities.

(a) General Information.

(1) All data must [should] be transmitted electronically to the EMS & Trauma Registries within ninety calendar days of the date of discharge from their facility [at least quarterly]; monthly **[electronic data]** submissions are recommended.

(2) Acute or post-acute rehabilitation facilities must report no reportable data (NRD) to the Registries monthly for any given month with no required reportable event.

**[(2) A facility shall submit data to the Registry within three months of a patient's discharge from their facility.]**

(b) Data Elements and Methods.

(1) Data elements currently defined by the appropriate data dictionaries for all required reportable events must be submitted to the department's online Registries.

**[(1) The following data elements must be submitted to the Registry for all required reportable events:]**

**[(A) patient's name, race/ethnicity, sex, and date of birth;]**

**[(B) date of injury and cause of injury;]**

**[(C) date of admission, date of discharge, and discharge destination;]**

**[(D) functional independence measure score at admission, functional independence measure score at discharge, and diagnoses; and]**

**[(E) type of services provided, payor, and billed charges.]**

(2) If a specialized reporting system exists for a required reportable event, then the case or suspected case must be submitted to all relevant reporting systems **[as defined in its respective data dictionary]**.

(c) Third-party Services.

(1) An acute or post-acute rehabilitation facility may use third-party services to submit data to the Registries. A legally binding agreement must exist between the acute or post-acute rehabilitation facility and the third-party services. Documentation of the legally binding agreement must be provided to the department for third-party services to submit the data on behalf of the acute or post-acute rehabilitation facility within the Registries.

(2) If an acute or post-acute rehabilitation facility uses the third-party services, the acute or post-acute rehabilitation facility is ultimately responsible for the complete, accurate and timely reporting of data to the Registries.