

**Minutes  
KyTAC Meeting  
December 15, 2015 at 3 PM ET  
Video Teleconference**

Appointed KyTAC Members in attendance:

Dr. William Barnes, KY Medical Assoc.  
Richard Bartlett, KY Hospital Assoc.  
Dr. Andrew Bernard, UK Level-I Trauma Center  
Dr. Richard Cales, At-Large  
Dr. Julia Costich, Injury Prevention Programs  
Linda Gayheart, At-Large  
Dr. Lewis Perkins, KY Bd of Nursing  
Dr. Brian Harbrecht, UofL Level-I Trauma Center

Dr. Kraig Humbaugh, Acting Commissioner  
Laura Began, KY Public Health Comm. Office  
Dr. Dan O'Brien, ACEP, KY Chapter  
Jason Stiles, Emergency Nurses Association  
Michael Poynter, KY Bd of EMS  
Shane Ratliff, KY Transportation Cabinet  
Sandy Tackett, Level-III Trauma Center

Guests/Presenters:

Chell Austin, Executive Director, Brain Injury Association of KY  
Mary Hass, Advocacy Director, Brain Injury Association of KY  
Eddie Reynolds, Brain Injury Association of KY  
Belinda Burnette, Methodist Hospital Union  
Kim Denzick, UofL Hospital  
Amanda Martin, Haggin Memorial Hospital  
Kathy Peck, Twin Lakes Regional Hospital  
Peter Rock, UK KIPRC Data Analyst

Opening: Dr. Harbrecht opened the meeting and welcomed everyone. He appreciated the number of people who attended the last meeting at the 2015 Kentucky Trauma and Emergency Medicine Symposium.

Minutes: The minutes from November 4, 2015 were circulated as a draft by email today. Dr. Harbrecht noted that where Owensboro Hospital was mentioned it should be corrected to reflect that they are Level-III and not a Level-I. No other changes were immediately offered, so Dr. Harbrecht suggested that changes be emailed to Mr. Bartlett.

Reports from working committees:

- **Advocacy & Finance** (Dr. Harbrecht): The Department for Public Health offered funding through the end of June to support a Data Analyst to be based at KIPRC, and a Trauma Program Manager. The funding to be routed through KIPRC's state contract.
  - New Data Analyst for KIPRC has been hired. He is Peter Rock, and is on the call today.
  - Difficulty finding state Trauma Program Manager. Dr. Costich noted that the funding was provided to them in September, but they could not find candidates willing to work for about seven months, with no idea if there would be funds available beyond July 1st. So they consulted with former Commissioner Mayfield, and Acting Commissioner Humbaugh, and redefined the duties. They will contract with KHA for some of Mr. Bartlett's time, to include some educational courses and distribution of educational information. What happens in the future will depend on how successful the development of stable funding is. KHA also has a legislative initiative that includes potential funding for the trauma system.
  - Dr. Humbaugh indicated that Dr. Mayfield is no longer with the Department for Public Health, and as the Senior Deputy Commissioner he will continue to monitor and try to keep things moving along until a new Commissioner is named. Dr. Costich noted that Dr. Humbaugh has been very engaged with injury prevention and trauma program development for a number of

years, and is sincerely appreciated. Dr. Harbrecht asked that he help look for opportunities to develop continued stable funding. Dr. Humbaugh noted that it might be that we have to continue working with a variety of FTEs to get the work done for now.

- Dr. Harbrecht talked about the previous advocacy trip he and Dr. Bernard made to Washington DC as part of the National Coalition for Trauma Research. He has been asked to go again in February, and Dr. Bernard said that Dr. Phil Chang from UK was going to go in February.
- **Data & PI** - Dr. Julia Costich stood in for Dr. Draus. She did a comparison and summary of two recently issued reports:
  - 2014 KY Inpatient Traumatic Injury Data Report
  - 2014 KY Trauma Registry Report

Julia did a PowerPoint presentation that compared the Trauma Registry Report and hospital admissions/discharge data. When looking at the general hospital inpatient/discharge report, it does not include the federal VA or two military hospitals, or the specialty hospitals. It does include hospitals where a person could get any type of trauma care at all. The Trauma Registry Report includes information from 28 facilities, one of which is now closed. They will be adding more in future reports. The difference between the two databases is very close to the number of hip fractures. There are different inclusion criteria for the two reports. The trauma registry data appears to be primarily males. The general population data tends to be over 65 women with hip fractures, and Medicare tends to be the primary payer. There has also been a decline in self-pay patients.

People who have injuries from fire arms appear to go mostly to trauma centers. 28% of the trauma registry cases are transferred. Times are not recorded well in these situations, but as KEMSIS data is integrated this will improve. Nearly one in seven transfers is done by helicopter, and getting this data is very difficult. There were very few fixed wing flights. One in five arrives at the hospital in non-emergency or private vehicles. Injury is still the leading killer for Americans ages 1-44, but the consequences of injury are much more serious for people who are 85 than 25, resulting either succumbing to the injury or needing long term care.

In general, the trauma registry produces more clinically actionable Process Improvement findings. The Data Committee is looking at this area for future study. The Discharge Data report yields more Population Health interventions for things like fall prevention. What can skew map studies of the data is that some Kentucky cases are actually handled in adjacent states. For example, if we look at a map of injuries it looks like people don't get hurt in Northern Kentucky, but serious injuries are going to Cincinnati for high level trauma care. We don't have the Ohio hospitalizations to work with.

As more EMS data becomes electronic it could potentially be added to expand what is known, but it will have to be "matched" in some fashion. Dr. Costich noted that there are people working on this at the state level within Transportation and Public Health. She noted that there are a few states (Arkansas and part of Ohio were mentioned) where pre-hospital providers are using a wrist band on patients at "first contact", and this reference number is used to track people throughout the entire care system. With only a relatively small number of hospitals participating in the trauma system, this approach may not work at this time. It is not a Kentucky specific problem, but is very common across the nation working with healthcare datasets at the state and federal levels.

Dr. Harbrecht noted that one of the things Dr. Draus has talked about is developing ways to verify data quality.

- **Education** (Scott Suttles) - He was not in attendance, but Sandy Tackett stepped in and discussed a project that Pikeville has started to build a bundled kit for law enforcement to keep in their cars that will include a tourniquet, gloves and supplies to manage severe bleeding. Scott was interested in doing a presentation to show other facilities what they are doing. There was discussion about the US DHS "Stop the Bleed" program, and the ACS COT bleeding control "B-Con" course. Dr. Harbrecht

said that this follows along the lines of a presentation that was done at the Trauma Symposium. He also noted that there are some commercially available bleeding control kits available now for law enforcement. Sandy said that their intent was to have trauma nurses and physicians go out and teach this program to law enforcement groups. Their plan is a two-hour course, and will begin with departments around the Pike County area first but expanding to other areas over time. Dr. Harbrecht has indicated that the ACS goal is to make this type of training comparable to citizen CPR.

Sandy also said that they are working to expand the Yellow Dot program in their region. This is a program that KY Office of Highway Safety has released to encourage drivers to put a Yellow Dot on their left-rear window, and a yellow folder in their glove box, with identifying and emergency medical information.

- **Protocols** (Dr. Bernard) - He is hoping to work with Mr. Rock and Dr. Draus to develop ways to monitor existing protocols with the dashboard that Dr. Draus envisions. Mr. Bartlett suggested that the group may need to go back and review the data elements we are capturing, especially in the eTraumaLite version. During the verification site visits it appeared that the facilities were having a hard time reviewing their ED Dwell times, especially when there was a transfer decision involved.
- **Registrars** (Trish Cooper) - The NTDB deadline for submission of data with ICD-10 is January, 2017, but CDM has indicated that they can take data in either format at this time. They will cross-walk the data back to ICD-9 for reporting purposes until the conversion deadline. Mr. Bartlett also noted a push he sent out about CDM's support for version 7 of their program being dropped this summer. Those on version 7 will need to make sure they are upgraded before the end of support.
- **Verification** (Ben Hughes) Existing Trauma Centers applying for re-designation:
  - **Kosair Children's Hospital** (Pediatric - Level I) - Application has been received. A motion was made by Dr. Barnes, seconded by Sandy Tackett, to recommend to the Commissioner that Kosair Children's Hospital be redesignated as a Level-I Pediatric Trauma Center, consistent with the verification period and findings of the American College of Surgeons Committee on Trauma. Passed unanimously.
  - **Ephraim McDowell Medical Center** (Level III) - ACS COT letter was received last week, and the application was mailed to the KY Commissioner for Public Health. There was a single finding related to a physician educational credential, so the ACS COT verification is for one year. A motion was made by Dr. Barnes, seconded by Dr. Bernard, to recommend to the Commissioner that Ephraim McDowell Medical Center be redesignated as a Level-III Trauma Center, consistent with the verification period and findings of the American College of Surgeons Committee on Trauma. Passed unanimously.

#### **Old Business**

- No items were brought up.

#### **New Business**

- **T.J.'s Law** - Eddie Reynolds from the Brain Injury Association of Kentucky (BIAK) made a presentation on a bill that they have worked on to modify KRS 189 which would require children 12 or younger to wear a helmet while riding a bike, or a passenger on a bike, on a public road or right of way. There is a small fine on the parents for each violation, but it can be waived if they show proof that they have acquired a helmet. Fine money would be divided between the KY Trauma Advisory Committee's fund that is handled by the Kentucky Department for Public Health, to help buy bike helmets for families who cannot afford them; and the Traumatic Brain Injury (TBI) fund use to help care for people with significant brain injuries. It was felt that putting a "positive spin" on potential penalties might make this more palatable for passage. This bill did not get very

far in the last session, but the age has also been dropped to make it clearer that the focus is on children. See two attachments (a Summary of the bill, and a draft of the bill).

Mary Hass noted that the lead sponsor is Representative Jenkins. They have already had some physicians write to Speaker Stumbo asking that it be assigned to Health and Welfare. This would improve the bill's chances for getting to the House floor for a vote. Ms. Hass noted that support from others on the call would be appreciated. Last year it was assigned to Transportation, and never got out of committee.

Mr. Bartlett noted that BIAK planning is for a press conference around the time the bill is introduced, and they would love to see some support, particularly from our medical community - especially when it goes to committee. The Session starts January 4th, and there are 60 legislative days that will go until about the middle of April.

**Next meeting:** Dr. Harbrecht indicated that unless there are opinions to the contrary, he has proposed that we continue on the pattern of having the Steering Committee (committee chairs and KyTAC leaders) meet on the third Tuesday of the ODD months; and the full KyTAC meeting on the third Tuesday of the EVEN months. The time would remain at 3 PM Eastern.

Steering Committee: January 19, 2016, 3 PM ET  
Full KyTAC: February 16, 2016, 3 PM ET

## FACT SHEET

TJ's Bill will add a new section of existing legislation, KRS Chapter 189, that required a child under the age of twelve (12) to wear an approved helmet when a bicycle is used on a public roadway, public bicycle path, or other public right-of-way. This bill educates the public on the importance of protecting the brain of our young and enforces the efforts of parents and educators to provide a sustainable future for our children.

- In Kentucky, bicycle accidents are the fourth leading causes of TBI for children, aged 5-14. \*\*
- Nationally, more than 300,000 children aged 14 and under are treated in emergency rooms for bicycle-related injuries.\*
- The US Consumer Product Safety Commission estimates that 60% of all bicycle deaths are from head injury.
- Bicycle related injuries are one of the most frequent causes of injury-related death for young children.\*
- Universal bicycle helmet use by children aged 4 to 15 would prevent 39,000 to 45,000 head injuries and 18,000 to 55,000 scalp and face injuries annually.\*
- Bicycle helmets are 85 to 88 percent effective in mitigating head and brain injuries, making the use of helmets the single most effective way to reduce head injuries and fatalities resulting from bicycle crashes.\*
- Bicyclists aged 14 and under are at five times greater risk for injury than older cyclists.\*
- As with safety belts and child safety seats, enacting laws requiring the use of bicycle helmets, along with education and visible enforcement is likely to be the most promising way to increase bicycle helmet usage.\*
- Currently, 22 states have already enacted bicycle helmet laws. Including Alabama, Florida, Georgia, Louisiana, Tennessee and West Virginia.\*
- Nationally, the estimated annual cost of bicycle related injuries and deaths for all ages is \$8 billion.\*
- The expense and disability of a bicycle related brain injury will often endure for a lifetime.\*

### Why Children?

- The human brain is not fully developed at birth and takes many years to fully develop.
- The myelination of a child's brain has not fully formed, making their brain more susceptible to acquiring a brain injury.
- Many issues of a pediatric brain injury may not manifest until the brain develops, meaning that the signs of a brain injury may not appear until much later.
- The human brain does not fully develop until the age of 18, regardless of physical development.

AN ACT relating to the use of bicycle helmets by children under the age of twelve and making an appropriation therefor.

*Be it enacted by the General Assembly of the Commonwealth of Kentucky:*

➔SECTION 1. A NEW SECTION OF KRS CHAPTER 189 IS CREATED TO READ AS FOLLOWS:

- (1) A child under twelve (12) years of age shall not operate a bicycle or be a passenger on a bicycle or any attachment to a bicycle used on a public roadway, public bicycle path, or other public right-of-way without the use of a bicycle helmet in the manner prescribed by the secretary of the Transportation Cabinet.*
- (2) A parent or legal guardian shall not permit his or her child to violate the provisions of subsection (1) of this section.*
- (3) The secretary of the Transportation Cabinet shall promulgate administrative regulations under the provisions of KRS Chapter 13A to establish standards for approved bicycle helmets and prescribe the manner in which they shall be used. The secretary shall maintain and cause to be published a list of approved bicycle helmets.*

➔Section 2. KRS 189.990 is amended to read as follows:

- (1) Any person who violates any of the provisions of KRS 189.020 to 189.040, subsection (1) or (4) of KRS 189.050, KRS 189.060 to 189.080, subsections (1) to (3) of KRS 189.090, KRS 189.100, 189.110, 189.130 to 189.160, subsections (2) to (4) of KRS 189.190, KRS 189.200, 189.285, 189.290, 189.300 to 189.360, KRS 189.380, KRS 189.400 to 189.430, KRS 189.450 to 189.458, KRS 189.4595 to 189.480, subsection (1) of KRS 189.520, KRS 189.540, KRS 189.570 to 189.590, except subsection (1)(b) or (6)(b) of KRS 189.580, KRS 189.345, subsection (4) of KRS 189.456, and 189.960 shall be fined not less than twenty dollars (\$20) nor more than one hundred dollars (\$100) for each offense. Any person who violates subsection (1)(a) of KRS 189.580 shall be fined not less than twenty dollars (\$20) nor more than two thousand dollars (\$2,000) or imprisoned in the county jail for not more than one (1) year, or both, unless the accident involved death or serious physical injury and the person knew or should have known of the death or serious physical injury, in which case the person shall be guilty of a Class D felony. Any person who violates paragraph (c) of

subsection (5) of KRS 189.390 shall be fined not less than eleven dollars (\$11) nor more than thirty dollars (\$30). Neither court costs nor fees shall be taxed against any person violating paragraph (c) of subsection (5) of KRS 189.390.

- (2) (a) Any person who violates the weight provisions of KRS 189.212, 189.221, 189.222, 189.226, 189.230, or 189.270 shall be fined two cents (\$0.02) per pound for each pound of excess load when the excess is five thousand (5,000) pounds or less. When the excess exceeds five thousand (5,000) pounds the fine shall be two cents (\$0.02) per pound for each pound of excess load, but the fine levied shall not be less than one hundred dollars (\$100) and shall not be more than five hundred dollars (\$500).
  - (b) Any person who violates the provisions of KRS 189.271 and is operating on a route designated on the permit shall be fined one hundred dollars (\$100); otherwise, the penalties in paragraph (a) of this subsection shall apply.
  - (c) Any person who violates any provision of subsection (2) or (3) of KRS 189.050, subsection (4) of KRS 189.090, KRS 189.221 to 189.230, 189.270, 189.280, or the dimension provisions of KRS 189.212, for which another penalty is not specifically provided shall be fined not less than ten dollars (\$10) nor more than five hundred dollars (\$500).
  - (d) Nothing in this subsection or in KRS 189.221 to 189.228 shall be deemed to prejudice or affect the authority of the Department of Vehicle Regulation to suspend or revoke certificates of common carriers, permits of contract carriers, or drivers' or chauffeurs' licenses, for any violation of KRS 189.221 to 189.228 or any other act applicable to motor vehicles, as provided by law.
- (3) (a) Any person who violates subsection (1) of KRS 189.190 shall be fined not more than fifteen dollars (\$15).
  - (b) Any person who violates subsection (5) of KRS 189.190 shall be fined not less than thirty-five dollars (\$35) nor more than two hundred dollars (\$200).
- (4) (a) Any person who violates subsection (1) of KRS 189.210 shall be fined not less than twenty-five dollars (\$25) nor more than one hundred dollars (\$100).
  - (b) Any peace officer who fails, when properly informed, to enforce KRS 189.210 shall be fined

not less than twenty-five dollars (\$25) nor more than one hundred dollars (\$100).

- (c) All fines collected under this subsection, after payment of commissions to officers entitled thereto, shall go to the county road fund if the offense is committed in the county, or to the city street fund if committed in the city.
- (5) Any person who violates KRS 189.370 shall for the first offense be fined not less than one hundred dollars (\$100) nor more than two hundred dollars (\$200) or imprisoned not less than thirty (30) days nor more than sixty (60) days, or both. For each subsequent offense occurring within three (3) years, the person shall be fined not less than three hundred dollars (\$300) nor more than five hundred dollars (\$500) or imprisoned not less than sixty (60) days nor more than six (6) months, or both. The minimum fine for this violation shall not be subject to suspension. A minimum of six (6) points shall be assessed against the driving record of any person convicted.
- (6) Any person who violates KRS 189.500 shall be fined not more than fifteen dollars (\$15) in excess of the cost of the repair of the road.
- (7) Any person who violates KRS 189.510 or KRS 189.515 shall be fined not less than twenty dollars (\$20) nor more than fifty dollars (\$50).
- (8) Any peace officer who violates subsection (2) of KRS 189.520 shall be fined not less than thirty-five dollars (\$35) nor more than one hundred dollars (\$100).
- (9) (a) Any person who violates KRS 189.530(1) shall be fined not less than thirty-five dollars (\$35) nor more than one hundred dollars (\$100), or imprisoned not less than thirty (30) days nor more than twelve (12) months, or both.  
(b) Any person who violates KRS 189.530(2) shall be fined not less than thirty-five dollars (\$35) nor more than one hundred dollars (\$100).
- (10) Any person who violates any of the provisions of KRS 189.550 shall be guilty of a Class B misdemeanor.
- (11) Any person who violates subsection (3) of KRS 189.560 shall be fined not less than thirty dollars (\$30) nor more than one hundred dollars (\$100) for each offense.
- (12) The fines imposed by paragraph (a) of subsection (3) and subsections (6) and (7) of this section shall, in the case of a public highway, be paid into the county road fund, and, in the case of a

privately owned road or bridge, be paid to the owner. These fines shall not bar an action for damages for breach of contract.

- (13) Any person who violates any of the provisions of KRS 189.120 shall be fined not less than twenty dollars (\$20) nor more than one hundred dollars (\$100) for each offense.
- (14) Any person who violates any provision of KRS 189.575 shall be fined not less than twenty dollars (\$20) nor more than twenty-five dollars (\$25).
- (15) Any person who violates subsection (2) of KRS 189.231 shall be fined not less than twenty dollars (\$20) nor more than one hundred dollars (\$100) for each offense.
- (16) Any person who violates restrictions or regulations established by the secretary of transportation pursuant to subsection (3) of KRS 189.231 shall, upon first offense, be fined one hundred dollars (\$100) and, upon subsequent convictions, be fined not less than one hundred dollars (\$100) nor more than five hundred dollars (\$500) or imprisoned for thirty (30) days, or both.
- (17) (a) Any person who violates any of the provisions of KRS 189.565 shall be guilty of a Class B misdemeanor.  
(b) In addition to the penalties prescribed in paragraph (a) of this subsection, in case of violation by any person in whose name the vehicle used in the transportation of inflammable liquids or explosives is licensed, the person shall be fined not less than one hundred dollars (\$100) nor more than five hundred dollars (\$500). Each violation shall constitute a separate offense.
- (18) Any person who abandons a vehicle upon the right-of-way of a state highway for three (3) consecutive days shall be fined not less than thirty-five dollars (\$35) nor more than one hundred dollars (\$100), or imprisoned for not less than ten (10) days nor more than thirty (30) days.
- (19) Every person violating KRS 189.393 shall be guilty of a Class B misdemeanor, unless the offense is being committed by a defendant fleeing the commission of a felony offense which the defendant was also charged with violating and was subsequently convicted of that felony, in which case it is a Class A misdemeanor.
- (20) Any law enforcement agency which fails or refuses to forward the reports required by KRS 189.635 shall be subject to the penalties prescribed in KRS 17.157.
- (21) A person who operates a bicycle in violation of the administrative regulations promulgated pursuant

to KRS 189.287 shall be fined not less than ten dollars (\$10) nor more than one hundred dollars (\$100).

- (22) Any person who violates KRS 189.860 shall be fined not more than five hundred dollars (\$500) or imprisoned for not more than six (6) months, or both.
- (23) Any person who violates KRS 189.754 shall be fined not less than twenty-five dollars (\$25) nor more than three hundred dollars (\$300).
- (24) Any person who violates the provisions of KRS 189.125(3)(a) shall be fined fifty dollars (\$50). This fine shall be subject to prepayment. A fine imposed under this subsection shall not be subject to court costs pursuant to KRS 24A.175, additional court costs pursuant to KRS 24A.176, the fee imposed pursuant to KRS 24A.1765, or any other additional fees or costs.
- (25) Any person who violates the provisions of KRS 189.125(3)(b) ~~{shall not be issued a uniform citation, but shall instead receive a courtesy warning up until July 1, 2009. For a violation on or after July 1, 2009, the person }~~shall be fined thirty dollars (\$30). This fine shall be subject to prepayment. A fine imposed under this subsection shall not be subject to court costs pursuant to KRS 24A.175, additional court costs pursuant to KRS 24A.176, a fee imposed pursuant to KRS 24A.1765, or any other additional fees or costs. A person who has not been previously charged with a violation of KRS 189.125(3)(b) may elect to acquire a booster seat meeting the requirements of KRS 189.125. Upon presentation of sufficient proof of the acquisition, the charge shall be dismissed and no fees or costs shall be imposed.
- (26) Any person who violates the provisions of KRS 189.125(6) shall be fined an amount not to exceed twenty-five dollars (\$25). This fine shall be subject to prepayment. A fine imposed under this subsection shall not be subject to court costs pursuant to KRS 24A.175, additional court costs pursuant to KRS 24A.176, the fee imposed pursuant to KRS 24A.1765, or any other additional fees or costs.
- (27) Fines levied pursuant to this chapter shall be assessed in the manner required by KRS 534.020, in amounts consistent with this chapter. Nonpayment of fines shall be governed by KRS 534.060.
- (28) A licensed driver under the age of eighteen (18) charged with a moving violation pursuant to this chapter as the driver of a motor vehicle may be referred, prior to trial, by the court to a diversionary

program. The diversionary program under this subsection shall consist of one (1) or both of the following:

- (a) Execution of a diversion agreement which prohibits the driver from operating a vehicle for a period not to exceed forty-five (45) days and which allows the court to retain the driver's operator's license during this period; and
- (b) Attendance at a driver improvement clinic established pursuant to KRS 186.574. If the person completes the terms of this diversionary program satisfactorily the violation shall be dismissed.

(29) A person who violates the provisions of subsection (2) or (3) of KRS 189.459 shall be fined two hundred fifty dollars (\$250). The fines and costs for a violation of subsection (2) or (3) of KRS 189.459 shall be collected and disposed of in accordance with KRS 24A.180. Once deposited into the State Treasury, ninety percent (90%) of the fine collected under this subsection shall immediately be forwarded to the personal care assistance program under KRS 205.900 to 205.920. Ten percent (10%) of the fine collected under this subsection shall annually be returned to the county where the violation occurred and distributed equally to all law enforcement agencies within the county.

(30) ~~{(a) Prior to January 1, 2011, any person who violates KRS 189.292 or 189.294 shall not be issued a uniform citation, but shall instead receive a courtesy warning.~~

~~(b) On or after January 1, 2011, }Any person who violates KRS 189.292 or 189.294 shall be fined twenty-five dollars (\$25) for the first offense and fifty dollars (\$50) for each subsequent offense.~~

**(31) (a) A person shall be fined twenty-five dollars (\$25) for a violation of subsection (2) of Section 1 of this Act. This fine shall be subject to prepayment. A fine imposed under this subsection shall not be subject to court costs pursuant to KRS 24A.175, additional court costs pursuant to KRS 24A.176, a fee imposed pursuant to KRS 24A.1765, or any other additional fees or costs. A person who has not been previously charged with a violation of subsection (2) of Section 1 of this Act may elect to acquire a bicycle helmet. Upon presentation of sufficient proof of the acquisition, the charge shall be dismissed and no fees or costs shall be imposed.**

**(b) A fine imposed under this subsection shall be distributed as follows:**

- 1. Fifty percent (50%) shall be distributed to the traumatic brain injury trust fund created in KRS 211.476; and**
- 2. Fifty percent (50%) shall be distributed to the trauma care system fund created in Section 3 of this Act.**

➔Section 3. KRS 211.496 is amended to read as follows:

- (1) The Kentucky trauma care system fund is created as a restricted account that shall consist of state general fund appropriations and other grants, contributions, donations, or other moneys made available for the purposes of KRS 211.490 to 211.496. Moneys in the fund are hereby appropriated for the purposes set forth in KRS 211.490 to 211.496.
- (2) The trauma care system fund shall be used to support:
  - (a) Administrative costs of the Department for Public Health, the statewide trauma care director, and the advisory committee that relate to the statewide trauma care system, including public awareness and information efforts;
  - (b) The implementation of the statewide trauma care system;
  - (c) Expenses related to hospital trauma center verification;
  - (d) Continuing education for trauma care providers;
  - (e) Purchasing bicycle helmets for indigent children;** and
  - ~~(f)(e)~~ Support for uncompensated care provided by hospitals, physicians, emergency medical services, or other trauma care providers who provide services in a verified trauma center. Verified trauma centers shall have the authority to contract with state government for receipt of funds under this paragraph.
- (3) All of the funds received pursuant to subsection (31) of Section 2 of this Act shall be used toward the purchase of bicycle helmets for indigent children.**
- ~~(4)(3)~~Notwithstanding KRS 45.229, any moneys remaining in the fund at the close of a fiscal year shall not lapse but shall be carried forward into the succeeding next fiscal year to be used for the purposes set forth in KRS 211.490 to 211.496.
- ~~(5)(4)~~Any interest earned on moneys in the account shall accrue to the fund and shall be used for the

purposes set forth in KRS 211.490 to 211.496.