

1                   A bill to be entitled  
2           An act relating to trauma services; amending s.  
3           395.40, F.S.; providing duties of the Department of  
4           Health relating to the coordination and oversight of a  
5           statewide inclusive trauma system; deleting  
6           legislative findings and intent; amending s. 395.4001,  
7           F.S.; providing and revising definitions; amending s.  
8           395.401, F.S.; designating statewide, rather than  
9           local and regional trauma agencies; requiring a trauma  
10          agency to submit plans to the department; revising  
11          minimum components for trauma agency plans; requiring  
12          the department to establish minimum requirements for a  
13          trauma agency to conduct annual performance  
14          evaluations and submit results therefrom to the  
15          department; prohibiting the designation of more than  
16          one trauma agency per county; amending s. 395.4015,  
17          F.S.; requiring the department to coordinate the  
18          development of a state trauma system plan; requiring  
19          periodic updates of the plan; repealing s. 395.402,  
20          F.S., relating to trauma service areas and the number  
21          and location of trauma centers; amending s. 395.4025,  
22          F.S.; requiring certain hospitals to obtain  
23          verification from a national trauma center  
24          verification body to be designated by the department;  
25          providing for contents of an application for

26 designation; providing criteria for designation;  
27 deleting provisions relating to the extension of  
28 provisional status of applicants for state-approved  
29 trauma centers; conforming provisions to changes made  
30 by the act; providing sanctions for withholding  
31 certain information; requiring the department to adopt  
32 rules; amending s. 395.403, F.S.; revising eligibility  
33 provisions for certain hospitals to receive funding as  
34 a trauma center from the Emergency Medical Services  
35 Trust Fund; amending s. 395.4036, F.S.; revising  
36 provisions for distribution of funds in the Emergency  
37 Medical Services Trust Fund to trauma centers;  
38 amending s. 395.404, F.S.; revising reporting  
39 requirements to the trauma registry data system  
40 maintained by the department; amending s. 395.4045,  
41 F.S.; revising requirements relating to trauma  
42 transport protocols; amending s. 395.50, F.S.;  
43 deleting a provision relating to admission of certain  
44 patient records into evidence in a civil or  
45 administrative action involving the department;  
46 amending s. 320.0801, F.S.; conforming cross-  
47 references and deleting an obsolete provision;  
48 amending ss. 395.405, 408.036, and 409.975, F.S.;  
49 conforming cross-references; providing an effective  
50 date.

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Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 395.40, Florida Statutes, is amended to read:

395.40 Department duties ~~Legislative findings and intent.~~

~~(1) The Legislature finds that there has been a lack of timely access to trauma care due to the state's fragmented trauma system. This finding is based on the 1999 Trauma System Report on Timely Access to Trauma Care submitted by the department in response to the request of the Legislature.~~

~~(2) The Legislature finds that it is necessary to plan for and to establish an inclusive trauma system to meet the needs of trauma victims. An "inclusive trauma system" means a system designed to meet the needs of all injured trauma victims who require care in an acute-care setting and into which every health care provider or facility with resources to care for the injured trauma victim is incorporated. The Legislature deems the benefits of trauma care provided within an inclusive trauma system to be of vital significance to the outcome of a trauma victim.~~

~~(3) It is the intent of the Legislature to place Primary responsibility for the planning, coordination, and oversight establishment of a statewide inclusive trauma system shall reside with the department. The department shall:~~

76        (1) Designate trauma centers in the state.

77        (2) Publish and update a statewide trauma plan in  
78 accordance with s. 395.4015.

79        (3) Establish and maintain a statewide trauma registry for  
80 monitoring, evaluating, and enforcing the requirements of the  
81 state's inclusive trauma system.

82        (4) Solicit input from stakeholders and subject matter  
83 experts for the enhancement of a coordinated approach to the  
84 care of trauma victims. Considerations shall include the  
85 movement of the trauma victim through the system of care and  
86 defined roles for acute care hospitals.

87        (5) Actively foster the provision of trauma care and serve  
88 as a catalyst for improvements in the outcomes and treatment of  
89 trauma patients in an inclusive trauma system ~~undertake the~~  
90 ~~implementation of a statewide inclusive trauma system as funding~~  
91 ~~is available.~~

92        ~~(4) The Legislature finds that significant benefits are to~~  
93 ~~be obtained by directing the coordination of activities by~~  
94 ~~several state agencies, relative to access to trauma care and~~  
95 ~~the provision of trauma care to all trauma victims. It is the~~  
96 ~~intent of the Legislature that the department, the Agency for~~  
97 ~~Health Care Administration, the Board of Medicine, and the Board~~  
98 ~~of Nursing establish interagency teams and agreements for the~~  
99 ~~development of guidelines, standards, and rules for those~~  
100 ~~portions of the inclusive state trauma system within the~~

101 ~~statutory authority of each agency. This coordinated approach~~  
102 ~~will provide the necessary continuum of care for the trauma~~  
103 ~~victim from injury to final hospital discharge. The department~~  
104 ~~has the leadership responsibility for this activity.~~

105 ~~(5) In addition, the agencies listed in subsection (4)~~  
106 ~~should undertake to:~~

107 ~~(a) Establish a coordinated methodology for monitoring,~~  
108 ~~evaluating, and enforcing the requirements of the state's~~  
109 ~~inclusive trauma system which recognizes the interests of each~~  
110 ~~agency.~~

111 ~~(b) Develop appropriate roles for trauma agencies, to~~  
112 ~~assist in furthering the operation of trauma systems at the~~  
113 ~~regional level. This should include issues of system evaluation~~  
114 ~~as well as managed care.~~

115 ~~(c) Develop and submit appropriate requests for waivers of~~  
116 ~~federal requirements which will facilitate the delivery of~~  
117 ~~trauma care.~~

118 ~~(d) Develop criteria that will become the future basis for~~  
119 ~~consultation between acute care hospitals and trauma centers on~~  
120 ~~the care of trauma victims and the mandatory transfer of~~  
121 ~~appropriate trauma victims to trauma centers.~~

122 ~~(e) Develop a coordinated approach to the care of the~~  
123 ~~trauma victim. This shall include the movement of the trauma~~  
124 ~~victim through the system of care and the identification of~~  
125 ~~medical responsibility for each phase of care for out-of-~~

126 ~~hospital and in-hospital trauma care.~~

127 ~~(f) Require the medical director of an emergency medical~~  
128 ~~services provider to have medical accountability for a trauma~~  
129 ~~victim during interfacility transfer.~~

130 ~~(6) Furthermore, the Legislature encourages the department~~  
131 ~~to actively foster the provision of trauma care and serve as a~~  
132 ~~catalyst for improvements in the process and outcome of the~~  
133 ~~provision of trauma care in an inclusive trauma system. Among~~  
134 ~~other considerations, the department is required to:~~

135 ~~(a) Promote the development of at least one trauma center~~  
136 ~~in every trauma service area.~~

137 ~~(b) Promote the development of a trauma agency for each~~  
138 ~~trauma region.~~

139 ~~(c) Update the state trauma system plan by February 2005~~  
140 ~~and at least annually thereafter.~~

141 Section 2. Section 395.4001, Florida Statutes, is amended  
142 to read:

143 395.4001 Definitions.—As used in this part, the term:

144 (1) "Agency" means the Agency for Health Care  
145 Administration.

146 (2) "Certificate of trauma center verification" means  
147 documentation issued by a national trauma center accreditation  
148 body that certifies a hospital's compliance with published  
149 standards for the administration of trauma care and the  
150 treatment of injured patients.

151        ~~(3)-(2)~~ "Charity care" or "uncompensated trauma care" means  
152 that portion of hospital charges reported to the agency for  
153 which there is no compensation, other than restricted or  
154 unrestricted revenues provided to a hospital by local  
155 governments or tax districts regardless of method of payment,  
156 for care provided to a patient whose family income for the 12  
157 months preceding the determination is less than or equal to 200  
158 percent of the federal poverty level, unless the amount of  
159 hospital charges due from the patient exceeds 25 percent of the  
160 annual family income. However, in no case shall the hospital  
161 charges for a patient whose family income exceeds four times the  
162 federal poverty level for a family of four be considered  
163 charity.

164        ~~(4)-(3)~~ "Department" means the Department of Health.

165        (5) "Designated" means approved by the department to  
166 operate as a Level I, Level II, or pediatric trauma center based  
167 on verification by a national trauma center accreditation body.

168        (6) "Inclusive trauma system" means a system designed to  
169 meet the needs of all injured trauma victims who require care in  
170 an acute-care setting and into which every health care provider  
171 or facility with the resources to care for the injured trauma  
172 victim is incorporated.

173        ~~(7)-(4)~~ "Interfacility trauma transfer" means the transfer  
174 of a trauma victim between two facilities licensed under this  
175 chapter, pursuant to this part.

176        (8)~~(5)~~ "International Classification Injury Severity  
 177 Score" means the statistical method for computing the severity  
 178 of injuries sustained by trauma patients. The International  
 179 Classification Injury Severity Score shall be the methodology  
 180 used by the department and trauma centers to report the severity  
 181 of an injury.

182        (9)~~(6)~~ "Level I trauma center" means a trauma center that:

183        (a) ~~Has formal research and education programs for the~~  
 184 ~~enhancement of trauma care;~~ Is verified by the department to be  
 185 in ~~substantial~~ compliance with Level I trauma center and  
 186 ~~pediatric trauma center~~ standards; and has been designated  
 187 ~~approved~~ by the department to operate as a Level I trauma  
 188 center.

189        (b) Serves as a resource facility to Level II trauma  
 190 centers, pediatric trauma centers, and general hospitals through  
 191 shared outreach, education, and quality improvement activities.

192        (c) Participates in an inclusive system of trauma care,  
 193 including providing leadership, system evaluation, and quality  
 194 improvement activities.

195        (10)~~(7)~~ "Level II trauma center" means a trauma center  
 196 that:

197        (a) Is verified ~~by the department~~ to be in ~~substantial~~  
 198 compliance with Level II trauma center standards and has been  
 199 designated ~~approved~~ by the department to operate as a Level II  
 200 trauma center ~~or is designated pursuant to s. 395.4025(14).~~



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201 (b) Serves as a resource facility to general hospitals  
202 through shared outreach, education, and quality improvement  
203 activities.

204 (c) Participates in an inclusive system of trauma care.

205 (11)~~(8)~~ "Local funding contribution" means local  
206 municipal, county, or tax district funding exclusive of any  
207 patient-specific funds received pursuant to ss. 154.301-154.316,  
208 private foundation funding, or public or private grant funding  
209 of at least \$150,000 received by a hospital or health care  
210 system that operates a trauma center.

211 (12) "National trauma center accreditation body" means an  
212 organization with optimal trauma center accreditation standards,  
213 approved by the department, that publishes national guidelines  
214 for trauma center verification, has an active national trauma  
215 center verification program that has verified trauma centers in  
216 at least 25 states, and is not affiliated with any entity that  
217 is engaged in the delivery of health care services. The  
218 accreditation body shall have standards relating to facilities,  
219 trauma system integration, equipment, staffing, physician  
220 response requirements, interfacility transfer, education, and  
221 performance improvement.

222 (13)~~(9)~~ "Pediatric trauma center" means a hospital that is  
223 ~~verified by the department to be in substantial compliance with~~  
224 pediatric trauma center standards published by the accrediting  
225 body as established by rule of the department and has been

226 designated ~~approved~~ by the department to operate as a pediatric  
227 trauma center.

228 ~~(10) "Provisional trauma center" means a hospital that has~~  
229 ~~been verified by the department to be in substantial compliance~~  
230 ~~with the requirements in s. 395.4025 and has been approved by~~  
231 ~~the department to operate as a provisional Level I trauma~~  
232 ~~center, Level II trauma center, or pediatric trauma center.~~

233 (14) ~~(11)~~ "Trauma agency" means an entity established and  
234 operated by one or more counties and approved by the department  
235 ~~a department-approved agency established and operated by one or~~  
236 ~~more counties, or a department-approved entity with which one or~~  
237 ~~more counties contract,~~ for the purpose of administering an  
238 inclusive ~~regional~~ trauma system.

239 (15) ~~(12)~~ "Trauma alert victim" means a person who has  
240 incurred a single or multisystem injury due to blunt or  
241 penetrating means or burns, who requires immediate medical  
242 intervention or treatment, and who meets one or more of the  
243 adult or pediatric scorecard criteria established by the  
244 department by rule.

245 (16) ~~(13)~~ "Trauma caseload volume" means the number of  
246 trauma patients reported by designated ~~individual~~ trauma centers  
247 to the Trauma Registry and validated by the department.

248 (17) ~~(14)~~ "Trauma center" means a hospital that has been  
249 designated ~~verified by the department to be in substantial~~  
250 ~~compliance with the requirements in s. 395.4025 and has been~~

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251 ~~approved~~ by the department to operate as a Level I trauma  
252 center, Level II trauma center, or pediatric trauma center, ~~or~~  
253 ~~is designated by the department as a Level II trauma center~~  
254 ~~pursuant to s. 395.4025(14).~~

255 (18) ~~(15)~~ "Trauma patient" means a person who has incurred  
256 a physical injury or wound caused by trauma and has accessed a  
257 trauma center.

258 (19) ~~(16)~~ "Trauma scorecard" means a statewide methodology  
259 adopted by the department by rule under which a person who has  
260 incurred a traumatic injury is graded as to the severity of his  
261 or her injuries or illness and which methodology is used as the  
262 basis for making destination decisions.

263 (20) ~~(17)~~ "Trauma transport protocol" means a document  
264 which describes the policies, processes, and procedures  
265 governing the dispatch of vehicles, the triage, prehospital  
266 transport, and interfacility trauma transfer of trauma victims.

267 (21) ~~(18)~~ "Trauma victim" means any person who has incurred  
268 a single or multisystem injury due to blunt or penetrating means  
269 or burns and who requires immediate medical intervention or  
270 treatment.

271 (22) "Verified" means a hospital has received a  
272 certificate of verification issued by a national trauma center  
273 accreditation body and maintains compliance with all standards  
274 set forth as a condition of receiving the certificate.

275 Section 3. Section 395.401, Florida Statutes, is amended

276 to read:

277 395.401 Trauma agencies ~~services system plans; approval of~~  
 278 ~~trauma centers and pediatric trauma centers; procedures;~~  
 279 ~~renewal.~~—

280 (1) (a) A ~~The local and regional~~ trauma agency ~~agencies~~  
 281 shall plan, implement, and evaluate trauma services systems, in  
 282 accordance with this section and ss. 395.4015, 395.404, and  
 283 395.4045, which consist of organized patterns of readiness and  
 284 response services based on public and private agreements and  
 285 operational procedures. ~~The department shall establish, by rule,~~  
 286 ~~processes and procedures for establishing a trauma agency and~~  
 287 ~~obtaining its approval from the department.~~

288 (b) A ~~The local and regional~~ trauma agency ~~agencies~~ shall  
 289 develop and submit to the department the trauma agency plan  
 290 ~~plans~~ for local and regional trauma services systems. The plans  
 291 must include, at a minimum, the following components:

292 1. The organizational structure of the trauma system.

293 2. Prehospital care management guidelines for triage and  
 294 transportation of trauma cases.

295 3. Flow patterns of trauma cases and transportation system  
 296 design and resources, including air transportation services,  
 297 provision for interfacility trauma transfer, and the prehospital  
 298 transportation of trauma victims. The trauma agency shall plan  
 299 for the development of a system of transportation of trauma  
 300 alert victims to trauma centers where the distance or time to a

301 trauma center or transportation resources is in the best  
302 interest of the ~~diminish access by~~ trauma alert victims.

303 ~~4. The number and location of needed trauma centers based~~  
304 ~~on local needs, population, and location and distribution of~~  
305 ~~resources.~~

306 ~~4.5.~~ Data collection regarding system operation and  
307 patient outcome.

308 ~~5.6.~~ Annual Periodic performance evaluations ~~evaluation~~ of  
309 the trauma system and its components.

310 ~~6.7.~~ The use of air transport services within the  
311 jurisdiction of the local trauma agency.

312 ~~7.8.~~ Public information and education about the trauma  
313 system.

314 ~~8.9.~~ Emergency medical services communication system usage  
315 and dispatching.

316 ~~9.10.~~ The coordination and integration between the trauma  
317 center and other acute care hospitals.

318 ~~10.11.~~ Medical control and accountability.

319 ~~11.12.~~ Quality control and system evaluation.

320 12. A uniform trauma transport protocol, or approved  
321 trauma transport protocols from each emergency medical service  
322 provider in the geographic area served by the trauma agency,  
323 that incorporates all trauma centers and other resources  
324 required to implement an inclusive trauma system.

325 13. List of all participating healthcare facilities,

326 organizations, and emergency medical providers.

327 (c) The department shall receive applications ~~plans~~ for  
328 the implementation of inclusive trauma systems from trauma  
329 agencies. The application shall be limited to the trauma agency  
330 plan and information about the plan's developer. The department  
331 shall ~~may~~ approve or deny ~~not approve~~ trauma agency plans based  
332 on the conformance of the plan with this section and ss.  
333 395.4015, 395.404, and 395.4045 and the rules and definitions  
334 adopted by the department pursuant to those sections.  
335 Notwithstanding s. 120.60, the department shall approve or deny  
336 the applications ~~disapprove the plans~~ within 120 days after ~~the~~  
337 ~~date the plans are submitted to the department~~ notifies the  
338 developer of the trauma agency plan that the plan is complete.  
339 For the purposes of s. 120.60, the plans do not constitute  
340 licensure and are not considered approved in the absence of  
341 department approval. ~~The department shall, by rule, provide an~~  
342 ~~application process for establishing a trauma agency. The~~  
343 ~~application must, at a minimum, provide requirements for the~~  
344 ~~trauma agency plan submitted for review, a process for reviewing~~  
345 ~~the application for a trauma agency, a process for reviewing the~~  
346 ~~trauma transport protocols for the trauma agency, and a process~~  
347 ~~for reviewing the staffing requirements for the agency.~~  
348 (d) The department shall, by rule, establish minimum  
349 requirements for a trauma agency to conduct an annual  
350 performance evaluation and submit the results to the department.

351        ~~(e)(d)~~ A trauma agency may ~~shall~~ not operate unless the  
352 department has approved the local or regional trauma services  
353 system plan of the agency.

354        ~~(e)~~ ~~The department may grant an exception to a portion of~~  
355 ~~the rules adopted pursuant to this section or s. 395.4015 if the~~  
356 ~~local or regional trauma agency proves that, as defined in the~~  
357 ~~rules, compliance with that requirement would not be in the best~~  
358 ~~interest of the persons served within the affected local or~~  
359 ~~regional trauma area.~~

360        ~~(f)~~ ~~A local or regional trauma agency may implement a~~  
361 ~~trauma care system only if the system meets the minimum~~  
362 ~~standards set forth in the rules for implementation established~~  
363 ~~by the department and if the plan has been submitted to, and~~  
364 ~~approved by, the department. At least 60 days before the local~~  
365 ~~or regional trauma agency submits the plan for the trauma care~~  
366 ~~system to the department, the local or regional trauma agency~~  
367 ~~shall hold a public hearing and give adequate notice of the~~  
368 ~~public hearing to all hospitals and other interested parties in~~  
369 ~~the area to be included in the proposed system.~~

370        ~~(g)~~ ~~Local or regional trauma agencies may enter into~~  
371 ~~contracts for the purpose of implementing the local or regional~~  
372 ~~plan. If local or regional agencies contract with hospitals for~~  
373 ~~trauma services, such agencies must contract only with hospitals~~  
374 ~~which are verified trauma centers.~~

375        ~~(f)(h)~~ A ~~Local or regional trauma~~ agency agencies

376 providing service for more than one county shall, as part of  
377 their formation, establish interlocal agreements between or  
378 among the several counties in the trauma ~~regional~~ system.

379 (g) ~~(i)~~ This section does not restrict the authority of a  
380 health care facility to provide service for which it has  
381 received a license pursuant to this chapter.

382 ~~(j) Any hospital which is verified as a trauma center  
383 shall accept all trauma victims that are appropriate for the  
384 facility regardless of race, sex, creed, or ability to pay.~~

385 ~~(k) It is unlawful for any hospital or other facility to  
386 hold itself out as a trauma center unless it has been so  
387 verified or designated pursuant to s. 395.4025(14).~~

388 (h) ~~(l)~~ A county, ~~upon the recommendations of the local or  
389 regional trauma agency,~~ may adopt ordinances governing the  
390 transport of a patient who is receiving care in the field from  
391 prehospital emergency medical personnel when the patient meets  
392 specific criteria for trauma, burn, or pediatric centers adopted  
393 by a ~~the local or regional~~ trauma agency. These ordinances must  
394 be consistent with s. 395.4045, ordinances adopted under s.  
395 401.25(6), and a ~~the local or regional~~ trauma agency ~~system~~ plan  
396 and, to the furthest possible extent, must ensure that  
397 individual patients receive appropriate medical care while  
398 protecting the interests of the community at large by making  
399 maximum use of available emergency medical care resources.

400 (i) ~~(m)~~ A trauma agency plan shall be ~~The local or regional~~



401 ~~trauma agency shall,~~ consistent with the state ~~regional~~ trauma  
402 system plan, coordinate trauma care at the county level, and  
403 ~~otherwise~~ facilitate arrangements necessary to develop an  
404 inclusive a trauma ~~services~~ system.

405 (j)~~(n)~~ After the submission of the initial trauma system  
406 plan, each trauma agency shall, every even-numbered ~~5th~~ year,  
407 submit to the department by July 1 ~~for approval~~ an updated plan  
408 that identifies the changes, if any, to be made in the plan  
409 ~~regional trauma system~~.

410 (k)~~(o)~~ This section does not preclude a ~~local or regional~~  
411 trauma agency from adopting trauma care system protocols  
412 ~~standards~~.

413 (2) The delivery of trauma services in coordination with a  
414 trauma agency established before July 1, 2018, may continue in  
415 accordance with the public and private agreements and  
416 operational procedures entered into as provided in this section.

417 (3) The department shall designate only one trauma agency  
418 in any single county.

419 ~~(2)~~ ~~The department shall adopt, by rule, standards for~~  
420 ~~verification of trauma centers based on national guidelines,~~  
421 ~~including those established by the American College of Surgeons~~  
422 ~~entitled "Hospital and Prehospital Resources for Optimal Care of~~  
423 ~~the Injured Patient" and published appendices thereto. Standards~~  
424 ~~specific to pediatric trauma referral centers shall be developed~~  
425 ~~in conjunction with Children's Medical Services and adopted by~~

426 ~~rule of the department.~~

427 ~~(3) The department may withdraw local or regional agency~~  
428 ~~authority, prescribe corrective actions, or use the~~  
429 ~~administrative remedies as provided in s. 395.1065 for the~~  
430 ~~violation of any provision of this section and ss. 395.4015,~~  
431 ~~395.402, 395.4025, 395.403, 395.404, and 395.4045 or rules~~  
432 ~~adopted thereunder. All amounts collected pursuant to this~~  
433 ~~subsection shall be deposited into the Emergency Medical~~  
434 ~~Services Trust Fund provided in s. 401.34.~~

435 Section 4. Section 395.4015, Florida Statutes, is amended  
436 to read:

437 395.4015 State ~~regional~~ trauma planning; ~~trauma regions.~~-

438 (1) The department shall coordinate the development of  
439 ~~establish~~ a state trauma system plan. ~~As part of the state~~  
440 ~~trauma system plan, the department shall establish trauma~~  
441 ~~regions that cover all geographical areas of the state and have~~  
442 ~~boundaries that are coterminous with the boundaries of the~~  
443 ~~regional domestic security task forces established under s.~~  
444 ~~943.0312. These regions may serve as the basis for the~~  
445 ~~development of department approved local or regional trauma~~  
446 ~~plans. However, the delivery of trauma services by or in~~  
447 ~~coordination with a trauma agency established before July 1,~~  
448 ~~2004, may continue in accordance with public and private~~  
449 ~~agreements and operational procedures entered into as provided~~  
450 ~~in s. 395.401.~~

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451           (2) The department shall update the state trauma system  
452 plan by December 31 of each odd numbered year. The statewide  
453 trauma system plan shall serve ~~consider the advice and~~  
454 ~~recommendations of any affected local or regional trauma agency~~  
455 ~~in developing the state trauma system plan.~~

456           ~~(3) The department shall use the state trauma system plan~~  
457 as the basis for establishing a statewide inclusive trauma  
458 system.

459           Section 5. Section 395.402, Florida Statutes, is repealed.

460           Section 6. Section 395.4025, Florida Statutes, is amended  
461 to read:

462           395.4025 Trauma centers; selection; quality assurance;  
463 records.—

464           (1) A hospital that has received provisional or verified  
465 status as a trauma center from the department before July 1,  
466 2016 shall have until July 1, 2022, to obtain verification from  
467 a national trauma center accreditation body and upon  
468 presentation of such verification shall be designated by the  
469 department. Notwithstanding any other law or s. 120.569, a  
470 hospital that has received provisional or verified status as a  
471 trauma center from the department before July 1, 2016, shall be  
472 approved to operate in accordance with this section.

473           (2) The department shall accept an application for the  
474 designation of a hospital as a trauma center which contains the  
475 following information:

476 (a) The name and physical address of the hospital seeking  
477 designation as a trauma center.

478 (b) The name, telephone number, and e-mail address of the  
479 hospital's chief executive officer, trauma medical director, and  
480 trauma program manager. Level I trauma centers shall include  
481 information for both adult and pediatric services.

482 (c) A list of all trauma victim-related interfacility  
483 transfer agreements with other designated trauma centers, acute  
484 care hospitals, burn centers, and rehabilitation facilities.

485 (d) A description of the hospital's trauma surge capacity  
486 in the event of a natural disaster or mass causality event.

487 (e) A copy of application materials submitted by the  
488 hospital to the national trauma center accreditation body for  
489 verification as a trauma center.

490 (f) A copy of reports and evaluations issued to the  
491 hospital by the national trauma center accreditation body  
492 relating to verification as a trauma center.

493 (g) The certificate of trauma center verification.

494 (3) The application for designation as a trauma center may  
495 only be denied by the department if information is missing.

496 (4) The department shall designate a hospital as a trauma  
497 center upon receipt of:

498 (a) A completed application for designation as a trauma  
499 center.

500 (b) A valid certificate of trauma center verification.

501       (5) The department's designation of a hospital as a Level  
502 I, Level II, or pediatric trauma center shall correspond with  
503 the certificate of trauma center verification.

504       (6) The designation of a hospital as a trauma center is  
505 valid only when the hospital holds a certificate of trauma  
506 center verification and maintains the standards required to  
507 obtain verification from the national trauma center  
508 accreditation body. If a trauma center fails to maintain its  
509 certification or maintain such standards as determined by the  
510 department, its subcontractor, or national trauma center  
511 accreditation body, the department may take corrective actions,  
512 including revocation of trauma center designation.

513       ~~(1) For purposes of developing a system of trauma centers,~~  
514 ~~the department shall use the 19 trauma service areas established~~  
515 ~~in s. 395.402. Within each service area and based on the state~~  
516 ~~trauma system plan, the local or regional trauma services system~~  
517 ~~plan, and recommendations of the local or regional trauma~~  
518 ~~agency, the department shall establish the approximate number of~~  
519 ~~trauma centers needed to ensure reasonable access to high-~~  
520 ~~quality trauma services. The department shall select those~~  
521 ~~hospitals that are to be recognized as trauma centers.~~

522       ~~(2)(a) The department shall annually notify each acute~~  
523 ~~care general hospital and each local and each regional trauma~~  
524 ~~agency in the state that the department is accepting letters of~~  
525 ~~intent from hospitals that are interested in becoming trauma~~

526 ~~centers. In order to be considered by the department, a hospital~~  
527 ~~that operates within the geographic area of a local or regional~~  
528 ~~trauma agency must certify that its intent to operate as a~~  
529 ~~trauma center is consistent with the trauma services plan of the~~  
530 ~~local or regional trauma agency, as approved by the department,~~  
531 ~~if such agency exists. Letters of intent must be postmarked no~~  
532 ~~later than midnight October 1.~~

533 ~~(b) By October 15, the department shall send to all~~  
534 ~~hospitals that submitted a letter of intent an application~~  
535 ~~package that will provide the hospitals with instructions for~~  
536 ~~submitting information to the department for selection as a~~  
537 ~~trauma center. The standards for trauma centers provided for in~~  
538 ~~s. 395.401(2), as adopted by rule of the department, shall serve~~  
539 ~~as the basis for these instructions.~~

540 ~~(c) In order to be considered by the department,~~  
541 ~~applications from those hospitals seeking selection as trauma~~  
542 ~~centers, including those current verified trauma centers that~~  
543 ~~seek a change or redesignation in approval status as a trauma~~  
544 ~~center, must be received by the department no later than the~~  
545 ~~close of business on April 1. The department shall conduct a~~  
546 ~~provisional review of each application for the purpose of~~  
547 ~~determining that the hospital's application is complete and that~~  
548 ~~the hospital has the critical elements required for a trauma~~  
549 ~~center. This critical review will be based on trauma center~~  
550 ~~standards and shall include, but not be limited to, a review of~~

551 ~~whether the hospital has:~~

552 ~~1. Equipment and physical facilities necessary to provide~~  
553 ~~trauma services.~~

554 ~~2. Personnel in sufficient numbers and with proper~~  
555 ~~qualifications to provide trauma services.~~

556 ~~3. An effective quality assurance process.~~

557 ~~4. Submitted written confirmation by the local or regional~~  
558 ~~trauma agency that the hospital applying to become a trauma~~  
559 ~~center is consistent with the plan of the local or regional~~  
560 ~~trauma agency, as approved by the department, if such agency~~  
561 ~~exists.~~

562 ~~(d)1. Notwithstanding other provisions in this section,~~  
563 ~~the department may grant up to an additional 18 months to a~~  
564 ~~hospital applicant that is unable to meet all requirements as~~  
565 ~~provided in paragraph (c) at the time of application if the~~  
566 ~~number of applicants in the service area in which the applicant~~  
567 ~~is located is equal to or less than the service area allocation,~~  
568 ~~as provided by rule of the department. An applicant that is~~  
569 ~~granted additional time pursuant to this paragraph shall submit~~  
570 ~~a plan for departmental approval which includes timelines and~~  
571 ~~activities that the applicant proposes to complete in order to~~  
572 ~~meet application requirements. Any applicant that demonstrates~~  
573 ~~an ongoing effort to complete the activities within the~~  
574 ~~timelines outlined in the plan shall be included in the number~~  
575 ~~of trauma centers at such time that the department has conducted~~

576 ~~a provisional review of the application and has determined that~~  
577 ~~the application is complete and that the hospital has the~~  
578 ~~critical elements required for a trauma center.~~

579 ~~2. Timeframes provided in subsections (1)-(8) shall be~~  
580 ~~stayed until the department determines that the application is~~  
581 ~~complete and that the hospital has the critical elements~~  
582 ~~required for a trauma center.~~

583 ~~(3) After April 30, any hospital that submitted an~~  
584 ~~application found acceptable by the department based on~~  
585 ~~provisional review shall be eligible to operate as a provisional~~  
586 ~~trauma center.~~

587 ~~(4) Between May 1 and October 1 of each year, the~~  
588 ~~department shall conduct an in-depth evaluation of all~~  
589 ~~applications found acceptable in the provisional review. The~~  
590 ~~applications shall be evaluated against criteria enumerated in~~  
591 ~~the application packages as provided to the hospitals by the~~  
592 ~~department.~~

593 ~~(5) Beginning October 1 of each year and ending no later~~  
594 ~~than June 1 of the following year, a review team of out-of-state~~  
595 ~~experts assembled by the department shall make onsite visits to~~  
596 ~~all provisional trauma centers. The department shall develop a~~  
597 ~~survey instrument to be used by the expert team of reviewers.~~  
598 ~~The instrument shall include objective criteria and guidelines~~  
599 ~~for reviewers based on existing trauma center standards such~~  
600 ~~that all trauma centers are assessed equally. The survey~~



601 ~~instrument shall also include a uniform rating system that will~~  
602 ~~be used by reviewers to indicate the degree of compliance of~~  
603 ~~each trauma center with specific standards, and to indicate the~~  
604 ~~quality of care provided by each trauma center as determined~~  
605 ~~through an audit of patient charts. In addition, hospitals being~~  
606 ~~considered as provisional trauma centers shall meet all the~~  
607 ~~requirements of a trauma center and shall be located in a trauma~~  
608 ~~service area that has a need for such a trauma center.~~

609 ~~(6) Based on recommendations from the review team, the~~  
610 ~~department shall select trauma centers by July 1. An applicant~~  
611 ~~for designation as a trauma center may request an extension of~~  
612 ~~its provisional status if it submits a corrective action plan to~~  
613 ~~the department. The corrective action plan must demonstrate the~~  
614 ~~ability of the applicant to correct deficiencies noted during~~  
615 ~~the applicant's onsite review conducted by the department~~  
616 ~~between the previous October 1 and June 1. The department may~~  
617 ~~extend the provisional status of an applicant for designation as~~  
618 ~~a trauma center through December 31 if the applicant provides a~~  
619 ~~corrective action plan acceptable to the department. The~~  
620 ~~department or a team of out-of-state experts assembled by the~~  
621 ~~department shall conduct an onsite visit on or before November 1~~  
622 ~~to confirm that the deficiencies have been corrected. The~~  
623 ~~provisional trauma center is responsible for all costs~~  
624 ~~associated with the onsite visit in a manner prescribed by rule~~  
625 ~~of the department. By January 1, the department must approve or~~

626 ~~deny the application of any provisional applicant granted an~~  
627 ~~extension. Each trauma center shall be granted a 7-year approval~~  
628 ~~period during which time it must continue to maintain trauma~~  
629 ~~center standards and acceptable patient outcomes as determined~~  
630 ~~by department rule. An approval, unless sooner suspended or~~  
631 ~~revoked, automatically expires 7 years after the date of~~  
632 ~~issuance and is renewable upon application for renewal as~~  
633 ~~prescribed by rule of the department.~~

634 ~~(7) Any hospital that wishes to protest a decision made by~~  
635 ~~the department based on the department's preliminary or in-depth~~  
636 ~~review of applications or on the recommendations of the site~~  
637 ~~visit review team pursuant to this section shall proceed as~~  
638 ~~provided in chapter 120. Hearings held under this subsection~~  
639 ~~shall be conducted in the same manner as provided in ss. 120.569~~  
640 ~~and 120.57. Cases filed under chapter 120 may combine all~~  
641 ~~disputes between parties.~~

642 (7)~~(8)~~ Notwithstanding any provision of chapter 381, a  
643 hospital licensed under ss. 395.001-395.3025 that operates a  
644 trauma center may not terminate or substantially reduce the  
645 availability of trauma service without providing at least 180  
646 days' notice of its intent to terminate such service. Such  
647 notice shall be given to the department, to all affected ~~local~~  
648 ~~or regional~~ trauma agencies, and to all trauma centers,  
649 hospitals, and emergency medical service providers in the trauma  
650 service area. ~~The department shall adopt by rule the procedures~~

651 ~~and process for notification, duration, and explanation of the~~  
652 ~~termination of trauma services.~~

653 (8)~~(9)~~ Except as otherwise provided in this subsection,  
654 the department or its agent may collect trauma care and registry  
655 data, as prescribed by rule of the department, from trauma  
656 centers, hospitals, emergency medical service providers, ~~local~~  
657 ~~or regional~~ trauma agencies, or medical examiners for the  
658 purposes of evaluating trauma system effectiveness, ensuring  
659 compliance with the standards, and monitoring patient outcomes.  
660 A trauma center, hospital, emergency medical service provider,  
661 medical examiner, or ~~local~~ trauma agency ~~or regional trauma~~  
662 ~~agency~~, or a panel or committee assembled by such an agency  
663 under s. 395.50(1), may, but is not required to, disclose to the  
664 department patient care quality assurance proceedings, records,  
665 or reports. However, the department may require a ~~local~~ trauma  
666 agency ~~or a regional trauma agency~~, or a panel or committee  
667 assembled by such an agency, to disclose to the department  
668 patient care quality assurance proceedings, records, or reports  
669 that the department needs solely to conduct quality assurance  
670 activities under s. 395.4015, or to ensure compliance with the  
671 quality assurance component of a ~~the~~ trauma agency ~~agency's~~ plan  
672 approved under s. 395.401. The patient care quality assurance  
673 proceedings, records, or reports that the department may require  
674 for these purposes include, but are not limited to, the  
675 structure, processes, and procedures of the agency's quality

676 assurance activities, and any recommendation for improving or  
677 modifying the overall trauma system, if the identity of a trauma  
678 center, hospital, emergency medical service provider, medical  
679 examiner, or an individual who provides trauma services is not  
680 disclosed.

681 ~~(10) Out-of-state experts assembled by the department to~~  
682 ~~conduct onsite visits are agents of the department for the~~  
683 ~~purposes of s. 395.3025. An out-of-state expert who acts as an~~  
684 ~~agent of the department under this subsection is not liable for~~  
685 ~~any civil damages as a result of actions taken by him or her,~~  
686 ~~unless he or she is found to be operating outside the scope of~~  
687 ~~the authority and responsibility assigned by the department.~~

688 (9)~~(11)~~ Onsite visits by the department or its agent may  
689 be conducted at any reasonable time and may include but not be  
690 limited to a review of records in the possession of trauma  
691 centers, hospitals, emergency medical service providers, local  
692 or regional trauma agencies, or medical examiners regarding the  
693 care, transport, treatment, or examination of trauma patients.

694 (10)~~(12)~~ Patient care, transport, or treatment records or  
695 reports, or patient care quality assurance proceedings, records,  
696 or reports obtained or made pursuant to this section, s.  
697 395.3025(4)(f), s. 395.401, s. 395.4015, ~~s. 395.402~~, s. 395.403,  
698 s. 395.404, s. 395.4045, s. 395.405, s. 395.50, or s. 395.51  
699 must be held confidential by the department or its agent and are  
700 exempt from the provisions of s. 119.07(1). Patient care quality

701 assurance proceedings, records, or reports obtained or made  
702 pursuant to these sections are not subject to discovery or  
703 introduction into evidence in any civil or administrative  
704 action.

705 (11) A hospital that is designated as a trauma center  
706 shall accept all trauma victims that are appropriate for the  
707 facility regardless of race, sex, creed, or ability to pay.

708 (12) A hospital or other facility may not hold itself out  
709 as a trauma center unless it has been so designated by the  
710 department.

711 (13) Information supplied by a hospital to any national  
712 trauma center accreditation body, at any time, may not be  
713 withheld from the department. The department may revoke a  
714 hospital's designation as a trauma center for failure to provide  
715 such information to the department.

716 (14) The department shall adopt rules to implement this  
717 section.

718 ~~(13) The department may adopt, by rule, the procedures and~~  
719 ~~process by which it will select trauma centers. Such procedures~~  
720 ~~and process must be used in annually selecting trauma centers~~  
721 ~~and must be consistent with subsections (1)-(8) except in those~~  
722 ~~situations in which it is in the best interest of, and mutually~~  
723 ~~agreed to by, all applicants within a service area and the~~  
724 ~~department to reduce the timeframes.~~

725 ~~(14) Notwithstanding the procedures established pursuant~~

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726 ~~to subsections (1) through (13), hospitals located in areas with~~  
727 ~~limited access to trauma center services shall be designated by~~  
728 ~~the department as Level II trauma centers based on documentation~~  
729 ~~of a valid certificate of trauma center verification from the~~  
730 ~~American College of Surgeons. Areas with limited access to~~  
731 ~~trauma center services are defined by the following criteria:~~

732 ~~(a) The hospital is located in a trauma service area with~~  
733 ~~a population greater than 600,000 persons but a population~~  
734 ~~density of less than 225 persons per square mile;~~

735 ~~(b) The hospital is located in a county with no verified~~  
736 ~~trauma center; and~~

737 ~~(c) The hospital is located at least 15 miles or 20~~  
738 ~~minutes travel time by ground transport from the nearest~~  
739 ~~verified trauma center.~~

740 Section 7. Section 395.403, Florida Statutes, is amended  
741 to read:

742 395.403 Reimbursement of trauma centers.—

743 (1) All trauma centers shall be considered eligible to  
744 receive state funding when state funds are specifically  
745 appropriated for state ~~state-sponsored~~ trauma centers in the  
746 General Appropriations Act. ~~Effective July 1, 2010,~~ The  
747 department shall make payments from the Emergency Medical  
748 Services Trust Fund under s. 20.435 to the trauma centers.  
749 Payments shall be in equal amounts for the trauma centers  
750 designated ~~approved~~ by the department as of July 1 of the fiscal

751 year in which funding is appropriated. In the event a trauma  
752 center does not maintain its status as a trauma center for any  
753 state fiscal year in which such funding is appropriated, the  
754 trauma center shall repay the state for the portion of the year  
755 during which it was not a trauma center.

756 (2) Trauma centers eligible to receive distributions from  
757 the Emergency Medical Services Trust Fund under s. 20.435 in  
758 accordance with subsection (1) may request that such funds be  
759 used as intergovernmental transfer funds in the Medicaid  
760 program.

761 (3) In order to receive state funding, a hospital shall be  
762 a trauma center and shall:

763 ~~(a) Agree to conform to all departmental requirements as~~  
764 ~~provided by rule to assure high-quality trauma services.~~

765 (a) ~~(b)~~ Agree to provide information concerning the  
766 provision of trauma services to the department, in a form and  
767 manner prescribed by rule of the department.

768 (b) ~~(c)~~ Agree to accept all trauma patients, regardless of  
769 ability to pay, on a functional space-available basis.

770 (4) A trauma center that fails to comply with any of the  
771 conditions listed in subsection (3) may ~~or the applicable rules~~  
772 ~~of the department shall~~ not receive payments under this section  
773 for the period in which it was not in compliance.

774 Section 8. Section 395.4036, Florida Statutes, is amended  
775 to read:

776 395.4036 Trauma payments.—

777 (1) ~~Recognizing the Legislature's stated intent to provide~~  
 778 ~~financial support to the current verified trauma centers and to~~  
 779 ~~provide incentives for the establishment of additional trauma~~  
 780 ~~centers as part of a system of state sponsored trauma centers,~~  
 781 The department shall expend ~~utilize~~ funds collected under s.  
 782 318.18 and deposited into the Emergency Medical Services Trust  
 783 Fund of the department to ensure the availability and  
 784 accessibility of trauma services throughout the state as  
 785 provided in this subsection.

786 (a) Funds collected under s. 318.18(15) shall be  
 787 distributed as follows:

788 1. Twenty percent of the total funds collected during the  
 789 state fiscal year shall be distributed to ~~verified~~ trauma  
 790 centers that have a local funding contribution as of December  
 791 31. Distribution of funds under this subparagraph shall be based  
 792 on trauma caseload volume for the most recent calendar year  
 793 available.

794 2. Forty percent of the total funds collected shall be  
 795 distributed to ~~verified~~ trauma centers based on trauma caseload  
 796 volume for the most recent calendar year available. The  
 797 determination of caseload volume for distribution of funds under  
 798 this subparagraph shall be based on the department's Trauma  
 799 Registry data.

800 3. Forty percent of the total funds collected shall be



801 distributed to ~~verified~~ trauma centers based on severity of  
802 trauma patients for the most recent calendar year available. The  
803 determination of severity for distribution of funds under this  
804 subparagraph shall be based on the department's International  
805 Classification Injury Severity Scores or another statistically  
806 valid and scientifically accepted method of stratifying a trauma  
807 patient's severity of injury, risk of mortality, and resource  
808 consumption as adopted by the department by rule, weighted based  
809 on the costs associated with and incurred by the trauma center  
810 in treating trauma patients. The weighting of scores shall be  
811 established by the department by rule.

812 (b) Funds collected under s. 318.18(5)(c) and (20) shall  
813 be distributed as follows:

814 1. Thirty percent of the total funds collected shall be  
815 distributed to Level II trauma centers operated by a public  
816 hospital governed by an elected board of directors as of  
817 December 31, 2008.

818 2. Thirty-five percent of the total funds collected shall  
819 be distributed to ~~verified~~ trauma centers based on trauma  
820 caseload volume for the most recent calendar year available. The  
821 determination of caseload volume for distribution of funds under  
822 this subparagraph shall be based on the department's Trauma  
823 Registry data.

824 3. Thirty-five percent of the total funds collected shall  
825 be distributed to ~~verified~~ trauma centers based on severity of

826 trauma patients for the most recent calendar year available. The  
827 determination of severity for distribution of funds under this  
828 subparagraph shall be based on the department's International  
829 Classification Injury Severity Scores or another statistically  
830 valid and scientifically accepted method of stratifying a trauma  
831 patient's severity of injury, risk of mortality, and resource  
832 consumption as adopted by the department by rule, weighted based  
833 on the costs associated with and incurred by the trauma center  
834 in treating trauma patients. The weighting of scores shall be  
835 established by the department by rule.

836 (2) Funds deposited in the department's Emergency Medical  
837 Services Trust Fund for ~~verified~~ trauma centers may be used to  
838 maximize the receipt of federal funds that may be available for  
839 such trauma centers. Notwithstanding this section and s. 318.14,  
840 distributions to trauma centers may be adjusted in a manner to  
841 ensure that total payments to trauma centers represent the same  
842 proportional allocation as set forth in this section and s.  
843 318.14. For purposes of this section and s. 318.14, total funds  
844 distributed to trauma centers may include revenue from the  
845 Emergency Medical Services Trust Fund and federal funds for  
846 which revenue from the Administrative Trust Fund is used to meet  
847 state or local matching requirements. Funds collected under ss.  
848 318.14 and 318.18 and deposited in the Emergency Medical  
849 Services Trust Fund of the department shall be distributed to  
850 trauma centers on a quarterly basis using the most recent

851 calendar year data available. Such data shall not be used for  
852 more than four quarterly distributions unless there are  
853 extenuating circumstances as determined by the department, in  
854 which case the most recent calendar year data available shall  
855 continue to be used and appropriate adjustments shall be made as  
856 soon as the more recent data becomes available.

857 (3) (a) Any trauma center not subject to audit pursuant to  
858 s. 215.97 shall annually attest, under penalties of perjury,  
859 that such proceeds were used in compliance with law. The annual  
860 attestation shall be made in a form and format determined by the  
861 department. The annual attestation shall be submitted to the  
862 department for review within 9 months after the end of the  
863 organization's fiscal year.

864 (b) Any trauma center subject to audit pursuant to s.  
865 215.97 shall submit an audit report in accordance with rules  
866 adopted by the Auditor General.

867 (4) The department, working with the Agency for Health  
868 Care Administration, shall maximize resources for trauma  
869 services wherever possible.

870 Section 9. Section 395.404, Florida Statutes, is amended  
871 to read:

872 395.404 Review of trauma registry data; report to central  
873 registry; confidentiality and limited release.—

874 (1) (a) ~~Each Trauma centers and center shall furnish, and,~~  
875 ~~upon request of the department, all acute care hospitals shall~~

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876 furnish ~~for department review~~ trauma registry data as prescribed  
877 by rule of the department for the purpose of monitoring patient  
878 outcomes ~~outcome~~ and ensuring compliance with the standards of  
879 verification published by a national trauma center accreditation  
880 body approval.

881 (b) Trauma registry data obtained pursuant to this  
882 subsection and emergency medical service transport and treatment  
883 records of trauma alert victims obtained pursuant to s. 401.30  
884 are confidential and exempt from the provisions of s. 119.07(1)  
885 and s. 24(a), Art. I of the State Constitution. However, the  
886 department may provide such trauma registry data to the person,  
887 trauma center, hospital, emergency medical service provider,  
888 ~~local or regional~~ trauma agency, medical examiner, or other  
889 entity from which the data were obtained. The department may  
890 also use or provide trauma registry data for purposes of  
891 research in accordance with the provisions of chapter 405.

892 (2) Each trauma center, ~~pediatric trauma center,~~ and acute  
893 care hospital shall report to the department's brain and spinal  
894 cord injury central registry, consistent with the procedures and  
895 timeframes of s. 381.74, any person who has a moderate-to-severe  
896 brain or spinal cord injury, and shall include in the report the  
897 name, age, residence, and type of disability of the individual  
898 and any additional information that the department finds  
899 necessary.

900 Section 10. Section 395.4045, Florida Statutes, is amended

901 to read:

902 395.4045 Emergency medical service providers; trauma  
903 transport protocols; transport of trauma alert victims to trauma  
904 centers; interfacility transfer.—

905 (1) Each emergency medical services provider licensed  
906 under chapter 401 shall transport trauma alert victims to  
907 hospitals designated ~~approved~~ as trauma centers, except as may  
908 be provided for either in the department-approved trauma  
909 transport protocol of the trauma agency for the geographical  
910 area in which the emergency medical services licensee provides  
911 services or, if no such department-approved trauma transport  
912 protocol is in effect, as provided for in a department-approved  
913 provider's trauma transport protocol.

914 (2) A trauma agency may develop a uniform trauma transport  
915 protocol that is applicable to the emergency medical services  
916 licensees providing services within the geographical boundaries  
917 of a ~~the~~ trauma agency. Development of a uniform trauma protocol  
918 by a trauma agency shall be through consultation with interested  
919 parties, including, but not limited to, each approved trauma  
920 center; physicians specializing in trauma care, emergency care,  
921 and surgery in the geographical area served by a trauma agency  
922 ~~region~~; each trauma system administrator in the geographical  
923 area served by a trauma agency ~~region~~; each emergency medical  
924 service provider in the region licensed under chapter 401, and  
925 such providers' respective medical directors.

926 (3) Trauma alert victims shall be identified through the  
927 use of a trauma scoring system, ~~including adult and pediatric~~  
928 ~~assessment~~ as specified in rule of the department. The rule  
929 shall also include the requirements of licensed emergency  
930 medical services providers for performing and documenting these  
931 assessments.

932 (4) The department shall specify by rule the subjects and  
933 the minimum criteria related to prehospital trauma transport,  
934 trauma center or hospital destination determinations, and  
935 interfacility trauma transfer transport by an emergency medical  
936 services provider to be included in a trauma agency's or  
937 emergency medical service provider's trauma transport protocol  
938 and shall approve or disapprove each such protocol. ~~Trauma~~  
939 ~~transport protocol rules pertaining to the air transportation of~~  
940 ~~trauma victims shall be consistent with, but not limited to,~~  
941 ~~applicable Federal Aviation Administration regulation.~~ Emergency  
942 medical services licensees and trauma agencies shall be subject  
943 to monitoring by the department, under ss. 395.401(2) ~~395.401(3)~~  
944 and 401.31(1) for compliance with requirements, as applicable,  
945 regarding trauma transport protocols and the transport of trauma  
946 victims.

947 (5) ~~If there is no department-approved trauma agency~~  
948 ~~trauma transport protocol for the geographical area in which the~~  
949 ~~emergency medical services license applicant intends to provide~~  
950 ~~services, as provided for in subsection (1),~~ Each applicant for

951 licensure as an emergency medical services provider, under  
952 chapter 401, must submit and obtain department approval of a  
953 trauma transport protocol prior to the department granting a  
954 license. The department shall prescribe by rule the submission  
955 and approval process for an applicant's trauma transport  
956 protocols ~~whether the applicant will be using a trauma agency's~~  
957 ~~or its own trauma transport protocol.~~

958 (6) ~~If an air ambulance service is available in the trauma~~  
959 ~~service area in which an emergency medical service provider is~~  
960 ~~located, trauma transport protocols shall not provide for~~  
961 ~~transport outside of the trauma service area unless otherwise~~  
962 ~~provided for by written mutual agreement. If air ambulance~~  
963 ~~service is not available and there is no agreement for~~  
964 ~~interagency transport of trauma patients between two adjacent~~  
965 ~~local or regional trauma agencies, both of which include at~~  
966 ~~least one approved trauma center, then the transport of A trauma~~  
967 patient with an immediately life-threatening condition shall be  
968 transported to the most appropriate trauma center as defined  
969 pursuant to trauma transport protocols approved by the  
970 department. ~~The provisions of this subsection shall apply only~~  
971 ~~to those counties with a population in excess of 1 million~~  
972 ~~residents.~~

973 (7) Prior to an interfacility trauma transfer, the  
974 emergency medical services provider's medical director or his or  
975 her designee must agree, pursuant to protocols and procedures in

976 | the emergency medical services provider's trauma transport  
 977 | protocol, that the staff of the transport vehicle has the  
 978 | medical skills, equipment, and resources to provide anticipated  
 979 | patient care as proposed by the transferring physician. The  
 980 | emergency medical services provider's medical director or his or  
 981 | her designee may require appropriate staffing, equipment, and  
 982 | resources to ensure proper patient care and safety during  
 983 | transfer.

984 |         (8) The department shall adopt and enforce all rules  
 985 | necessary to administer this section. The department shall adopt  
 986 | and enforce rules to specify the submission and approval process  
 987 | for trauma transport protocols or modifications to trauma  
 988 | transport protocols by ~~trauma agencies and~~ licensed emergency  
 989 | medical services providers.

990 |         Section 11. Section 395.405, Florida Statutes, is amended  
 991 | to read:

992 |         395.405 Rulemaking.—The department shall adopt and enforce  
 993 | all rules necessary to administer ss. 395.401, 395.4015,  
 994 | ~~395.402,~~ 395.4025, 395.403, 395.404, and 395.4045.

995 |         Section 12. Section 395.50, Florida Statutes, is amended  
 996 | to read:

997 |         395.50 Quality assurance activities of trauma agencies.—

998 |         (1) As used in this section, the term "entity" means a  
 999 | ~~local~~ trauma agency ~~or a regional trauma agency~~ that performs  
 1000 | quality assurance activities, or a panel or committee assembled



1001 to assist a ~~local~~ trauma agency ~~or a regional trauma agency~~ in  
 1002 performing quality assurance activities in accordance with the  
 1003 trauma agency ~~a plan approved under s. 395.401.~~

1004 (2) A hospital or an emergency medical services provider  
 1005 shall disclose records and reports of patient care, transport,  
 1006 and treatment to an entity, and a hospital or an emergency  
 1007 medical services provider may disclose to an entity and to one  
 1008 another its own quality assurance proceedings, records, or  
 1009 reports. However, this section does not require a hospital or an  
 1010 emergency medical services provider to disclose to an entity its  
 1011 own quality assurance proceedings, records, or reports prepared  
 1012 under s. 395.0191, s. 395.0193, s. 401.265, s. 401.30, s.  
 1013 401.425, or s. 766.101.

1014 (3) A ~~local~~ trauma agency ~~or regional trauma agency~~ may  
 1015 assemble a panel or committee to assist in performing the tasks  
 1016 authorized by an approved plan under s. 395.401.

1017 (4) The investigations, proceedings, records, and reports  
 1018 obtained or made by any entity under this section are not  
 1019 subject to discovery or introduction into evidence in a civil or  
 1020 administrative action that arises out of a matter that is the  
 1021 subject of evaluation and review by the entity, and a person who  
 1022 attends a meeting of the entity may not testify in any such  
 1023 civil or administrative action as to any evidence or other  
 1024 matter produced or presented during the proceedings of the  
 1025 entity or as to any findings, recommendations, evaluations,

1026 | opinions, or other actions of the entity or any members thereof.  
1027 | However, information, documents, or records provided to the  
1028 | entity from a source external to the entity are not immune from  
1029 | discovery or use in a civil or administrative action, and a  
1030 | person who is a member of the entity may testify in such action  
1031 | as to matters within his or her knowledge, but may not be asked  
1032 | about his or her testimony before the entity or about  
1033 | information obtained from or opinions formed by him or her as a  
1034 | result of participating in activities conducted by the entity.

1035 |       (5) (a) There is no monetary liability on the part of, and  
1036 | no cause of action arises against, any person, including a  
1037 | person who acts as a witness, incident reporter to, or  
1038 | investigator for an entity for any act or proceeding undertaken  
1039 | or performed within the scope of the functions of the entity if  
1040 | the action is taken without intentional fraud or malice.

1041 |       (b) The provisions of this section do not supersede the  
1042 | provisions of s. 768.28.

1043 |       (6) Except as provided in subsection (4), this section  
1044 | does not confer immunity from liability on a person for services  
1045 | performed outside his or her capacity as a member of an entity  
1046 | or upon a person who acts as a witness for, incident reporter  
1047 | to, or investigator for the entity for any act or proceeding  
1048 | undertaken or performed outside the scope of the functions of  
1049 | the entity.

1050 |       (7) If the defendant prevails in an action brought by a

1051 person against a person who initiated, participated in, was a  
 1052 witness in, or conducted any review as authorized by this  
 1053 section, the court shall award reasonable attorney's fees and  
 1054 costs to the defendant.

1055 ~~(8) Nothing in this section, ss. 395.4001-395.405, or s.~~  
 1056 ~~395.51 prohibits admitting into evidence patient care,~~  
 1057 ~~transport, or treatment records or reports, or records or~~  
 1058 ~~reports of the department in any civil or administrative action~~  
 1059 ~~brought by or involving the department, excluding the name,~~  
 1060 ~~residence or business address, telephone number, social security~~  
 1061 ~~or other identifying number, or photograph of any person or the~~  
 1062 ~~spouse, relative, or guardian of such person or other patient-~~  
 1063 ~~specific information that otherwise identifies the patient,~~  
 1064 ~~either directly or indirectly.~~

1065 Section 13. Section 320.0801, Florida Statutes, is amended  
 1066 to read:

1067 320.0801 Additional license tax on certain vehicles.—

1068 (1) In addition to the license taxes specified in s.  
 1069 320.08 and in subsection (2), there is hereby levied and imposed  
 1070 an annual license tax of 10 cents for the operation of a motor  
 1071 vehicle, as defined in s. 320.01, and moped, as defined in s.  
 1072 316.003, which tax shall be paid to the department or its agent  
 1073 upon the registration or renewal of registration of the vehicle.  
 1074 Notwithstanding s. 320.20, revenues collected from the tax  
 1075 imposed in this subsection shall be deposited in the Emergency

1076 Medical Services Trust Fund and used solely for the purpose of  
 1077 carrying out ss. 395.401, 395.4015, 395.4025, 395.404, and  
 1078 395.4045 ~~and s. 11, chapter 87-399, Laws of Florida.~~

1079 (2) In addition to the license taxes imposed by s. 320.08  
 1080 and by subsection (1), there is imposed an additional surcharge  
 1081 of \$10 on each commercial motor vehicle having a gross vehicle  
 1082 weight of 10,000 pounds or more, which surcharge must be paid to  
 1083 the department or its agent upon the registration or renewal of  
 1084 registration of the commercial motor vehicle. Notwithstanding  
 1085 the provisions of s. 320.20, 50 percent of the revenues  
 1086 collected from the surcharge imposed in this subsection shall be  
 1087 deposited into the State Transportation Trust Fund, and 50  
 1088 percent shall be deposited in the General Revenue Fund.

1089 Section 14. Paragraph (1) of subsection (3) of section  
 1090 408.036, Florida Statutes, is amended to read:

1091 408.036 Projects subject to review; exemptions.—

1092 (3) EXEMPTIONS.—Upon request, the following projects are  
 1093 subject to exemption from the provisions of subsection (1):

1094 (1) For the establishment of:

1095 1. A Level II neonatal intensive care unit with at least  
 1096 10 beds, upon documentation to the agency that the applicant  
 1097 hospital had a minimum of 1,500 births during the previous 12  
 1098 months;

1099 2. A Level III neonatal intensive care unit with at least  
 1100 15 beds, upon documentation to the agency that the applicant

1101 hospital has a Level II neonatal intensive care unit of at least  
 1102 10 beds and had a minimum of 3,500 births during the previous 12  
 1103 months; or

1104 3. A Level III neonatal intensive care unit with at least  
 1105 5 beds, upon documentation to the agency that the applicant  
 1106 hospital is a designated ~~verified~~ trauma center pursuant to s.  
 1107 395.4001(17) ~~395.4001(14)~~, and has a Level II neonatal intensive  
 1108 care unit,

1109  
 1110 if the applicant demonstrates that it meets the requirements for  
 1111 quality of care, nurse staffing, physician staffing, physical  
 1112 plant, equipment, emergency transportation, and data reporting  
 1113 found in agency certificate-of-need rules for Level II and Level  
 1114 III neonatal intensive care units and if the applicant commits  
 1115 to the provision of services to Medicaid and charity patients at  
 1116 a level equal to or greater than the district average. Such a  
 1117 commitment is subject to s. 408.040.

1118 Section 15. Paragraph (a) of subsection (1) of section  
 1119 409.975, Florida Statutes, is amended to read:

1120 409.975 Managed care plan accountability.—In addition to  
 1121 the requirements of s. 409.967, plans and providers  
 1122 participating in the managed medical assistance program shall  
 1123 comply with the requirements of this section.

1124 (1) PROVIDER NETWORKS.—Managed care plans must develop and  
 1125 maintain provider networks that meet the medical needs of their

1126 enrollees in accordance with standards established pursuant to  
 1127 s. 409.967(2)(c). Except as provided in this section, managed  
 1128 care plans may limit the providers in their networks based on  
 1129 credentials, quality indicators, and price.

1130 (a) Plans must include all providers in the region that  
 1131 are classified by the agency as essential Medicaid providers,  
 1132 unless the agency approves, in writing, an alternative  
 1133 arrangement for securing the types of services offered by the  
 1134 essential providers. Providers are essential for serving  
 1135 Medicaid enrollees if they offer services that are not available  
 1136 from any other provider within a reasonable access standard, or  
 1137 if they provided a substantial share of the total units of a  
 1138 particular service used by Medicaid patients within the region  
 1139 during the last 3 years and the combined capacity of other  
 1140 service providers in the region is insufficient to meet the  
 1141 total needs of the Medicaid patients. The agency may not  
 1142 classify physicians and other practitioners as essential  
 1143 providers. The agency, at a minimum, shall determine which  
 1144 providers in the following categories are essential Medicaid  
 1145 providers:

- 1146 1. Federally qualified health centers.
- 1147 2. Statutory teaching hospitals as defined in s.  
 1148 408.07(45).
- 1149 3. Hospitals that are trauma centers as defined in s.  
 1150 395.4001(17) ~~395.4001(14)~~.

1151           4. Hospitals located at least 25 miles from any other  
 1152 hospital with similar services.  
 1153  
 1154 Managed care plans that have not contracted with all essential  
 1155 providers in the region as of the first date of recipient  
 1156 enrollment, or with whom an essential provider has terminated  
 1157 its contract, must negotiate in good faith with such essential  
 1158 providers for 1 year or until an agreement is reached, whichever  
 1159 is first. Payments for services rendered by a nonparticipating  
 1160 essential provider shall be made at the applicable Medicaid rate  
 1161 as of the first day of the contract between the agency and the  
 1162 plan. A rate schedule for all essential providers shall be  
 1163 attached to the contract between the agency and the plan. After  
 1164 1 year, managed care plans that are unable to contract with  
 1165 essential providers shall notify the agency and propose an  
 1166 alternative arrangement for securing the essential services for  
 1167 Medicaid enrollees. The arrangement must rely on contracts with  
 1168 other participating providers, regardless of whether those  
 1169 providers are located within the same region as the  
 1170 nonparticipating essential service provider. If the alternative  
 1171 arrangement is approved by the agency, payments to  
 1172 nonparticipating essential providers after the date of the  
 1173 agency's approval shall equal 90 percent of the applicable  
 1174 Medicaid rate. Except for payment for emergency services, if the  
 1175 alternative arrangement is not approved by the agency, payment

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1176 | to nonparticipating essential providers shall equal 110 percent  
1177 | of the applicable Medicaid rate.

1178 |       Section 16. This act shall take effect July 1, 2017.