

By the Committees on Rules; Appropriations; and Health Policy;
and Senator Young

595-03969-18

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1 A bill to be entitled
2 An act relating to trauma services; amending ss.
3 318.14, 318.18, and 318.21, F.S.; requiring that
4 moneys received from specified penalties be allocated
5 to certain trauma centers by a calculation that uses
6 the Agency for Health Care Administration's hospital
7 discharge data; amending s. 395.4001, F.S.; defining
8 and redefining terms; conforming a cross-reference;
9 amending s. 395.402, F.S.; revising legislative
10 intent; revising the trauma service areas and
11 provisions relating to the number and location of
12 trauma centers; prohibiting the Department of Health
13 from designating an existing Level II trauma center as
14 a new pediatric trauma center or from designating an
15 existing Level II trauma center as a Level I trauma
16 center in a trauma service area that already has an
17 existing Level I or pediatric trauma center;
18 apportioning trauma centers within each trauma service
19 area; requiring the department to establish the
20 Florida Trauma System Advisory Council by a specified
21 date; authorizing the council to submit certain
22 recommendations to the department; providing for the
23 membership of the council; requiring the council to
24 meet no later than a specified date and to meet at
25 least quarterly; amending s. 395.4025, F.S.;
26 conforming provisions to changes made by the act;
27 requiring the department to periodically prepare an
28 analysis of the state trauma system using the agency's
29 hospital discharge data and specified population data;

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30 specifying contents of the report; requiring the
31 department to make available all data, formulas,
32 methodologies, calculations, and risk adjustment tools
33 used in preparing the data in the report; requiring
34 the department to notify each acute care general
35 hospital and local and regional trauma agency in a
36 trauma service area that has an identified need for an
37 additional trauma center that the department is
38 accepting letters of intent; prohibiting the
39 department from accepting a letter of intent and from
40 approving an application for a trauma center if there
41 is not statutory capacity for an additional trauma
42 center; revising the department's review process for
43 hospitals seeking designation as a trauma center;
44 authorizing the department to approve certain
45 applications for designation as a trauma center if
46 specified requirements are met; providing that a
47 hospital applicant that meets such requirements must
48 be ready to operate in compliance with specified
49 trauma standards by a specified date; deleting a
50 provision authorizing the department to grant a
51 hospital applicant an extension of time to meet
52 certain standards and requirements; requiring the
53 department to select one or more hospitals for
54 approval to prepare to operate as a trauma center;
55 providing selection requirements; prohibiting an
56 applicant from operating as a provisional trauma
57 center until the department has completed its review
58 process and approved the application; requiring a

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59 specified review team to make onsite visits to newly
60 operational trauma centers within a certain timeframe;
61 requiring the department, based on recommendations
62 from the review team, to designate a trauma center
63 that is in compliance with specified requirements;
64 deleting the date by which the department must select
65 trauma centers; providing that only certain hospitals
66 may protest a decision made by the department;
67 providing that certain trauma centers that were
68 verified by the department or determined by the
69 department to be in substantial compliance with
70 specified standards before specified dates are deemed
71 to have met application and operational requirements;
72 requiring the department to designate a certain
73 provisionally approved Level II trauma center as a
74 trauma center if certain criteria are met; prohibiting
75 such designated trauma center from being required to
76 cease trauma operations unless the department or a
77 court determines that it has failed to meet certain
78 standards; providing construction; amending ss.
79 395.403 and 395.4036, F.S.; conforming provisions to
80 changes made by the act; amending s. 395.404, F.S.;

81 requiring trauma centers to participate in the
82 National Trauma Data Bank; requiring trauma centers
83 and acute care hospitals to report trauma patient
84 transfer and outcome data to the department; deleting
85 provisions relating to the department review of trauma
86 registry data; amending ss. 395.401, 408.036, and
87 409.975, F.S.; conforming cross-references; requiring

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88 the department to work with the Office of Program
89 Policy Analysis and Government Accountability to study
90 the department's licensure requirements, rules,
91 regulations, standards, and guidelines for pediatric
92 trauma services and compare them to those of the
93 American College of Surgeons; requiring the office to
94 submit a report of the findings of the study to the
95 Governor, Legislature, and advisory council by a
96 specified date; providing for the expiration of
97 provisions relating to the study; providing for
98 invalidity; providing an effective date.

99

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

101

102 Section 1. Paragraph (b) of subsection (5) of section
103 318.14, Florida Statutes, is amended to read:

104 318.14 Noncriminal traffic infractions; exception;
105 procedures.—

106 (5) Any person electing to appear before the designated
107 official or who is required so to appear shall be deemed to have
108 waived his or her right to the civil penalty provisions of s.
109 318.18. The official, after a hearing, shall make a
110 determination as to whether an infraction has been committed. If
111 the commission of an infraction has been proven, the official
112 may impose a civil penalty not to exceed \$500, except that in
113 cases involving unlawful speed in a school zone or involving
114 unlawful speed in a construction zone, the civil penalty may not
115 exceed \$1,000; or require attendance at a driver improvement
116 school, or both. If the person is required to appear before the

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117 designated official pursuant to s. 318.19(1) and is found to
118 have committed the infraction, the designated official shall
119 impose a civil penalty of \$1,000 in addition to any other
120 penalties and the person's driver license shall be suspended for
121 6 months. If the person is required to appear before the
122 designated official pursuant to s. 318.19(2) and is found to
123 have committed the infraction, the designated official shall
124 impose a civil penalty of \$500 in addition to any other
125 penalties and the person's driver license shall be suspended for
126 3 months. If the official determines that no infraction has been
127 committed, no costs or penalties shall be imposed and any costs
128 or penalties that have been paid shall be returned. Moneys
129 received from the mandatory civil penalties imposed pursuant to
130 this subsection upon persons required to appear before a
131 designated official pursuant to s. 318.19(1) or (2) shall be
132 remitted to the Department of Revenue and deposited into the
133 Department of Health Emergency Medical Services Trust Fund to
134 provide financial support to certified trauma centers to assure
135 the availability and accessibility of trauma services throughout
136 the state. Funds deposited into the Emergency Medical Services
137 Trust Fund under this section shall be allocated as follows:

138 (b) Fifty percent shall be allocated among Level I, Level
139 II, and pediatric trauma centers based on each center's relative
140 volume of trauma cases as calculated using the Agency for Health
141 Care Administration's hospital discharge data collected pursuant
142 to s. 408.061 reported in the Department of Health Trauma
143 Registry.

144 Section 2. Paragraph (h) of subsection (3) of section
145 318.18, Florida Statutes, is amended to read:

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146 318.18 Amount of penalties.—The penalties required for a
147 noncriminal disposition pursuant to s. 318.14 or a criminal
148 offense listed in s. 318.17 are as follows:

149 (3)

150 (h) A person cited for a second or subsequent conviction of
151 speed exceeding the limit by 30 miles per hour and above within
152 a 12-month period shall pay a fine that is double the amount
153 listed in paragraph (b). For purposes of this paragraph, the
154 term "conviction" means a finding of guilt as a result of a jury
155 verdict, nonjury trial, or entry of a plea of guilty. Moneys
156 received from the increased fine imposed by this paragraph shall
157 be remitted to the Department of Revenue and deposited into the
158 Department of Health Emergency Medical Services Trust Fund to
159 provide financial support to certified trauma centers to assure
160 the availability and accessibility of trauma services throughout
161 the state. Funds deposited into the Emergency Medical Services
162 Trust Fund under this section shall be allocated as follows:

163 1. Fifty percent shall be allocated equally among all Level
164 I, Level II, and pediatric trauma centers in recognition of
165 readiness costs for maintaining trauma services.

166 2. Fifty percent shall be allocated among Level I, Level
167 II, and pediatric trauma centers based on each center's relative
168 volume of trauma cases as calculated using the Agency for Health
169 Care Administration's hospital discharge data collected pursuant
170 to s. 408.061 reported in the Department of Health Trauma
171 Registry.

172 Section 3. Paragraph (b) of subsection (15) of section
173 318.21, Florida Statutes, is amended to read:

174 318.21 Disposition of civil penalties by county courts.—All

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175 civil penalties received by a county court pursuant to the
176 provisions of this chapter shall be distributed and paid monthly
177 as follows:

178 (15) Of the additional fine assessed under s. 318.18(3)(e)
179 for a violation of s. 316.1893, 50 percent of the moneys
180 received from the fines shall be appropriated to the Agency for
181 Health Care Administration as general revenue to provide an
182 enhanced Medicaid payment to nursing homes that serve Medicaid
183 recipients with brain and spinal cord injuries. The remaining 50
184 percent of the moneys received from the enhanced fine imposed
185 under s. 318.18(3)(e) shall be remitted to the Department of
186 Revenue and deposited into the Department of Health Emergency
187 Medical Services Trust Fund to provide financial support to
188 certified trauma centers in the counties where enhanced penalty
189 zones are established to ensure the availability and
190 accessibility of trauma services. Funds deposited into the
191 Emergency Medical Services Trust Fund under this subsection
192 shall be allocated as follows:

193 (b) Fifty percent shall be allocated among Level I, Level
194 II, and pediatric trauma centers based on each center's relative
195 volume of trauma cases as calculated using the Agency for Health
196 Care Administration's hospital discharge data collected pursuant
197 to s. 408.061 ~~reported in the Department of Health Trauma~~
198 ~~Registry.~~

199 Section 4. Present subsections (4) through (18) of section
200 395.4001, Florida Statutes, are renumbered as subsections (5)
201 through (19), respectively, paragraph (a) of present subsection
202 (7) and present subsections (5), (13), and (14) of that section
203 are amended, and a new subsection (4) is added to that section,

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204 to read:

205 395.4001 Definitions.—As used in this part, the term:

206 (4) "High-risk patient" means an injured patient with an
207 International Classification Injury Severity Score of less than
208 0.85.

209 (6)~~(5)~~ "International Classification Injury Severity Score"
210 means the ~~statistical~~ method for computing the severity of
211 injuries sustained by trauma patients, based on ~~the~~
212 International Statistical Classification of Diseases and Related
213 Health Problems, 10th revision, Clinical Modification, and
214 adopted by the department by rule, in consultation with the
215 Florida Trauma System Advisory Council, along with any
216 conversion tables or analytical tools used in its computation
217 ~~Injury Severity Score shall be the methodology used by the~~
218 ~~department and trauma centers to report the severity of an~~
219 ~~injury.~~

220 (8)~~(7)~~ "Level II trauma center" means a trauma center that:

221 (a) Is verified by the department to be in substantial
222 compliance with Level II trauma center standards and has been
223 approved by the department to operate as a Level II trauma
224 center or is designated pursuant to s. 395.4025(15) ~~s.~~
225 ~~395.4025(14).~~

226 (14)~~(13)~~ "Trauma caseload volume" means the number of
227 trauma patients calculated by the department using the data
228 reported by each designated trauma center to the hospital
229 discharge database maintained by the agency pursuant to s.
230 408.061 reported by individual trauma centers to the Trauma
231 ~~Registry and validated by the department.~~

232 (15)~~(14)~~ "Trauma center" means a hospital that has been

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233 verified by the department to be in substantial compliance with
234 the requirements in s. 395.4025 and has been approved by the
235 department to operate as a Level I trauma center, Level II
236 trauma center, or pediatric trauma center, or is designated by
237 the department as a Level II trauma center pursuant to s.
238 395.4025(15) ~~s. 395.4025(14)~~.

239 Section 5. Section 395.402, Florida Statutes, is amended to
240 read:

241 395.402 Trauma service areas; number and location of trauma
242 centers.—

243 (1) The Legislature recognizes the need for a statewide,
244 cohesive, uniform, and integrated trauma system, as well as the
245 need to ensure the viability of existing trauma centers when
246 designating new trauma centers. Consistent with national
247 standards, future trauma center designations must be based on
248 need as a factor of demand and capacity. ~~Within the trauma~~
249 ~~service areas, Level I and Level II trauma centers shall each be~~
250 ~~capable of annually treating a minimum of 1,000 and 500~~
251 ~~patients, respectively, with an injury severity score (ISS) of 9~~
252 ~~or greater. Level II trauma centers in counties with a~~
253 ~~population of more than 500,000 shall have the capacity to care~~
254 ~~for 1,000 patients per year.~~

255 ~~(2) Trauma service areas as defined in this section are to~~
256 ~~be utilized until the Department of Health completes an~~
257 ~~assessment of the trauma system and reports its finding to the~~
258 ~~Governor, the President of the Senate, the Speaker of the House~~
259 ~~of Representatives, and the substantive legislative committees.~~
260 ~~The report shall be submitted by February 1, 2005. The~~
261 ~~department shall review the existing trauma system and determine~~

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262 ~~whether it is effective in providing trauma care uniformly~~
263 ~~throughout the state. The assessment shall:~~

264 ~~(a) Consider aligning trauma service areas within the~~
265 ~~trauma region boundaries as established in July 2004.~~

266 ~~(b) Review the number and level of trauma centers needed~~
267 ~~for each trauma service area to provide a statewide integrated~~
268 ~~trauma system.~~

269 ~~(c) Establish criteria for determining the number and level~~
270 ~~of trauma centers needed to serve the population in a defined~~
271 ~~trauma service area or region.~~

272 ~~(d) Consider including criteria within trauma center~~
273 ~~approval standards based upon the number of trauma victims~~
274 ~~served within a service area.~~

275 ~~(e) Review the Regional Domestic Security Task Force~~
276 ~~structure and determine whether integrating the trauma system~~
277 ~~planning with interagency regional emergency and disaster~~
278 ~~planning efforts is feasible and identify any duplication of~~
279 ~~efforts between the two entities.~~

280 ~~(f) Make recommendations regarding a continued revenue~~
281 ~~source which shall include a local participation requirement.~~

282 ~~(g) Make recommendations regarding a formula for the~~
283 ~~distribution of funds identified for trauma centers which shall~~
284 ~~address incentives for new centers where needed and the need to~~
285 ~~maintain effective trauma care in areas served by existing~~
286 ~~centers, with consideration for the volume of trauma patients~~
287 ~~served, and the amount of charity care provided.~~

288 ~~(3) In conducting such assessment and subsequent annual~~
289 ~~reviews, the department shall consider:~~

290 ~~(a) The recommendations made as part of the regional trauma~~

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291 ~~system plans submitted by regional trauma agencies.~~

292 ~~(b) Stakeholder recommendations.~~

293 ~~(c) The geographical composition of an area to ensure rapid~~

294 ~~access to trauma care by patients.~~

295 ~~(d) Historical patterns of patient referral and transfer in~~

296 ~~an area.~~

297 ~~(e) Inventories of available trauma care resources,~~

298 ~~including professional medical staff.~~

299 ~~(f) Population growth characteristics.~~

300 ~~(g) Transportation capabilities, including ground and air~~

301 ~~transport.~~

302 ~~(h) Medically appropriate ground and air travel times.~~

303 ~~(i) Recommendations of the Regional Domestic Security Task~~

304 ~~Force.~~

305 ~~(j) The actual number of trauma victims currently being~~

306 ~~served by each trauma center.~~

307 ~~(k) Other appropriate criteria.~~

308 ~~(4) Annually thereafter, the department shall review the~~

309 ~~assignment of the 67 counties to trauma service areas, in~~

310 ~~addition to the requirements of paragraphs (2) (b) (g) and~~

311 ~~subsection (3). County assignments are made for the purpose of~~

312 ~~developing a system of trauma centers. Revisions made by the~~

313 ~~department shall take into consideration the recommendations~~

314 ~~made as part of the regional trauma system plans approved by the~~

315 ~~department and the recommendations made as part of the state~~

316 ~~trauma system plan. In cases where a trauma service area is~~

317 ~~located within the boundaries of more than one trauma region,~~

318 ~~the trauma service area's needs, response capability, and system~~

319 ~~requirements shall be considered by each trauma region served by~~

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320 ~~that trauma service area in its regional system plan. Until the~~
321 ~~department completes the February 2005 assessment, the~~
322 ~~assignment of counties shall remain as established in this~~
323 ~~section.~~

324 (a) The following trauma service areas are ~~hereby~~
325 established:

326 1. Trauma service area 1 shall consist of Escambia,
327 Okaloosa, Santa Rosa, and Walton Counties.

328 2. Trauma service area 2 shall consist of Bay, Gulf,
329 Holmes, and Washington Counties.

330 3. Trauma service area 3 shall consist of Calhoun,
331 Franklin, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison,
332 Taylor, and Wakulla Counties.

333 4. Trauma service area 4 shall consist of Alachua,
334 Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy,
335 Putnam, Suwannee, and Union Counties.

336 5. Trauma service area 5 shall consist of Baker, Clay,
337 Duval, Nassau, and St. Johns Counties.

338 6. Trauma service area 6 shall consist of Citrus, Hernando,
339 and Marion Counties.

340 7. Trauma service area 7 shall consist of Flagler and
341 Volusia Counties.

342 8. Trauma service area 8 shall consist of Lake, Orange,
343 Osceola, Seminole, and Sumter Counties.

344 9. Trauma service area 9 shall consist of Pasco and
345 Pinellas Counties.

346 10. Trauma service area 10 shall consist of Hillsborough
347 County.

348 11. Trauma service area 11 shall consist of Hardee,

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349 Highlands, and Polk Counties.

350 12. Trauma service area 12 shall consist of Brevard and
351 Indian River Counties.

352 13. Trauma service area 13 shall consist of DeSoto,
353 Manatee, and Sarasota Counties.

354 14. Trauma service area 14 shall consist of Martin,
355 Okeechobee, and St. Lucie Counties.

356 15. Trauma service area 15 shall consist of Charlotte,
357 Collier, Glades, Hendry, and Lee Counties.

358 16. Trauma service area 16 shall consist of Palm Beach
359 County.

360 17. Trauma service area 17 shall consist of Broward ~~Collier~~
361 County.

362 18. Trauma service area 18 shall consist of ~~Broward County.~~

363 ~~19. Trauma service area 19 shall consist of~~ Miami-Dade and
364 Monroe Counties.

365 (b) Each trauma service area must ~~should~~ have at least one
366 Level I or Level II trauma center. Except as otherwise provided
367 in s. 395.4025(16), the department may not designate an existing
368 Level II trauma center as a new pediatric trauma center or
369 designate an existing Level II trauma center as a Level I trauma
370 center in a trauma service area that already has an existing
371 Level I or pediatric trauma center ~~The department shall~~
372 ~~allocate, by rule, the number of trauma centers needed for each~~
373 ~~trauma service area.~~

374 (c) Trauma centers, including Level I, Level II, Level II
375 with a pediatric trauma center, jointly certified pediatric
376 trauma centers, and stand-alone pediatric trauma centers, shall
377 be apportioned as follows:

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- 378 1. Trauma service area 1 shall have three trauma centers.
- 379 2. Trauma service area 2 shall have one trauma center.
- 380 3. Trauma service area 3 shall have one trauma center.
- 381 4. Trauma service area 4 shall have one trauma center.
- 382 5. Trauma service area 5 shall have three trauma centers.
- 383 6. Trauma service area 6 shall have one trauma center.
- 384 7. Trauma service area 7 shall have one trauma center.
- 385 8. Trauma service area 8 shall have three trauma centers.
- 386 9. Trauma service area 9 shall have three trauma centers.
- 387 10. Trauma service area 10 shall have two trauma centers.
- 388 11. Trauma service area 11 shall have one trauma center.
- 389 12. Trauma service area 12 shall have one trauma center.
- 390 13. Trauma service area 13 shall have two trauma centers.
- 391 14. Trauma service area 14 shall have one trauma center.
- 392 15. Trauma service area 15 shall have one trauma center.
- 393 16. Trauma service area 16 shall have two trauma centers.
- 394 17. Trauma service area 17 shall have three trauma centers.
- 395 18. Trauma service area 18 shall have five trauma centers.

397 Notwithstanding other provisions of this chapter, a trauma
 398 service area may not have more than a total of five Level I,
 399 Level II, Level II with a pediatric trauma center, jointly
 400 certified pediatric trauma centers, and stand-alone pediatric
 401 trauma centers. A trauma service area may not have more than one
 402 stand-alone pediatric trauma center ~~There shall be no more than~~
 403 ~~a total of 44 trauma centers in the state.~~

404 (2) (a) By October 1, 2018, the department shall establish
 405 the Florida Trauma System Advisory Council to promote an
 406 inclusive trauma system and enhance cooperation among trauma

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407 system stakeholders. The advisory council may submit
408 recommendations to the department on how to maximize existing
409 trauma center, emergency department, and emergency medical
410 services infrastructure and personnel to achieve the statutory
411 goal of developing an inclusive trauma system.

412 (b)1. The advisory council shall consist of 12 members
413 appointed by the Governor, including:

414 a. The State Trauma Medical Director;

415 b. A standing member of the Emergency Medical Services
416 Advisory Council;

417 c. A representative of a local or regional trauma agency;

418 d. A trauma program manager or trauma medical director who
419 is actively working in a trauma center and who represents an
420 investor-owned hospital with a trauma center;

421 e. A trauma program manager or trauma medical director
422 actively working in a trauma center who represents a nonprofit
423 or public hospital with a trauma center;

424 f. A trauma surgeon who is board-certified in an
425 appropriate trauma or critical care specialty and who is
426 actively practicing medicine in a Level II trauma center who
427 represents an investor-owned hospital with a trauma center;

428 g. A trauma surgeon who is board-certified in an
429 appropriate trauma or critical care specialty and actively
430 practicing medicine who represents a nonprofit or public
431 hospital with a trauma center;

432 h. A representative of the American College of Surgeons
433 Committee on Trauma who has pediatric expertise;

434 i. A representative of the Safety Net Hospital Alliance of
435 Florida;

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436 j. A representative of the Florida Hospital Association;

437 k. A Florida-licensed, board-certified emergency medicine
438 physician who is not affiliated with a trauma center; and

439 1. A trauma surgeon who is board-certified in an
440 appropriate trauma or critical care specialty and actively
441 practicing medicine in a Level I trauma center.

442 2. No two members may be employed by the same health care
443 facility.

444 3. Each council member shall be appointed to a 3-year term;
445 however, for the purpose of providing staggered terms, of the
446 initial appointments, four members shall be appointed to 1-year
447 terms, four members shall be appointed to 2-year terms, and four
448 members shall be appointed to 3-year terms.

449 (c) The department shall use existing and available
450 resources to administer and support the activities of the
451 advisory council. Members of the advisory council shall serve
452 without compensation and are not entitled to reimbursement for
453 per diem or travel expenses.

454 (d) The advisory council shall convene no later than
455 January 5, 2019, and shall meet at least quarterly.

456 Section 6. Section 395.4025, Florida Statutes, is amended
457 to read:

458 395.4025 Trauma centers; selection; quality assurance;
459 records.—

460 (1) For purposes of developing a system of trauma centers,
461 the department shall use the 18 ~~19~~ trauma service areas
462 established in s. 395.402. ~~Within each service area and based on~~
463 ~~the state trauma system plan, the local or regional trauma~~
464 ~~services system plan, and recommendations of the local or~~

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465 ~~regional trauma agency, the department shall establish the~~
466 ~~approximate number of trauma centers needed to ensure reasonable~~
467 ~~access to high-quality trauma services.~~ The department shall
468 designate ~~select~~ those hospitals that are to be recognized as
469 trauma centers.

470 (2) (a) The department shall prepare an analysis of the
471 Florida trauma system by August 31, 2020, and every 3 years
472 thereafter, using the agency's hospital discharge database
473 described in s. 408.061 for the current year and the most recent
474 5 years of population data for Florida available from the
475 American Community Survey 5-Year Estimates by the United States
476 Census Bureau. The department's report must, at a minimum,
477 include all of the following:

478 1. The population growth for each trauma service area and
479 for this state;

480 2. The number of high-risk patients treated at each trauma
481 center within each trauma service area, including pediatric
482 trauma centers;

483 3. The total number of high-risk patients treated at all
484 acute care hospitals inclusive of nontrauma centers in the
485 trauma service area; and

486 4. The percentage of each trauma center's sufficient volume
487 of trauma patients, as described in subparagraph (3) (d)2., in
488 accordance with the International Classification Injury Severity
489 Score for the trauma center's designation, inclusive of the
490 additional caseload volume required for those trauma centers
491 with graduate medical education programs.

492 (b) The department shall make available all data, formulas,
493 methodologies, calculations, and risk adjustment tools used in

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494 preparing the report.

495 (3) (a) ~~(2) (a)~~ The department shall annually notify each
496 acute care general hospital and each local and each regional
497 trauma agency in a trauma service area with an identified need
498 for an additional trauma center ~~the state~~ that the department is
499 accepting letters of intent from hospitals that are interested
500 in becoming trauma centers. The department may accept a letter
501 of intent only if there is statutory capacity for an additional
502 trauma center in accordance with subsection (2), paragraph (d),
503 and s. 395.402 ~~In order to be considered by the department, a~~
504 hospital that operates within the geographic area of a local or
505 regional trauma agency must certify that its intent to operate
506 as a trauma center is consistent with the trauma services plan
507 of the local or regional trauma agency, as approved by the
508 department, if such agency exists. Letters of intent must be
509 postmarked no later than midnight October 1 of the year in which
510 the department notifies hospitals that it plans to accept
511 letters of intent.

512 (b) By October 15, the department shall send to all
513 hospitals that submitted a letter of intent an application
514 package that will provide the hospitals with instructions for
515 submitting information to the department for selection as a
516 trauma center. The standards for trauma centers provided for in
517 s. 395.401(2), as adopted by rule of the department, shall serve
518 as the basis for these instructions.

519 (c) In order to be considered by the department,
520 applications from those hospitals seeking selection as trauma
521 centers, including those current verified trauma centers that
522 seek a change or redesignation in approval status as a trauma

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523 center, must be received by the department no later than the
524 close of business on April 1 of the year following submission of
525 the letter of intent. The department shall conduct an initial a
526 ~~provisional~~ review of each application for the purpose of
527 determining whether that the hospital's application is complete
528 and whether that the hospital is capable of constructing and
529 operating a trauma center that includes ~~has~~ the critical
530 elements required for a trauma center. This critical review must
531 ~~will~~ be based on trauma center standards and must ~~shall~~ include,
532 but need not be limited to, a review as to ~~of~~ whether the
533 hospital is prepared to attain and operate with all of the
534 following components before April 30 of the following year ~~has~~:

- 535 1. Equipment and physical facilities necessary to provide
536 trauma services.
- 537 2. Personnel in sufficient numbers and with proper
538 qualifications to provide trauma services.
- 539 3. An effective quality assurance process.
- 540 4. ~~Submitted written confirmation by the local or regional~~
541 ~~trauma agency that the hospital applying to become a trauma~~
542 ~~center is consistent with the plan of the local or regional~~
543 ~~trauma agency, as approved by the department, if such agency~~
544 ~~exists.~~

545 (d)1. Except as otherwise provided in this section, the
546 department may not approve an application for a Level I, a Level
547 II, a Level II with a pediatric trauma center, a jointly
548 certified pediatric trauma center, or a stand-alone pediatric
549 trauma center if approval of the application would exceed the
550 limits on the numbers of Level I, Level II, Level II with a
551 pediatric trauma center, jointly certified pediatric trauma

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552 centers, or stand-alone pediatric trauma centers established in
553 s. 395.402(1). However, the department shall review and may
554 approve an application for a trauma center when approval of the
555 application would result in a number of trauma centers which
556 exceeds the limit on the numbers of trauma centers in a trauma
557 service area imposed in s. 395.402(1), if, using the analysis
558 performed by the department as required in paragraph (2)(a), the
559 applicant demonstrates and the department determines that:

560 1. The existing trauma center actual caseload volume of
561 high-risk patients exceeds the minimum caseload volume
562 capabilities, inclusive of the additional caseload volume for
563 graduate medical education critical care and trauma surgical
564 subspecialty residents or fellows by more than two times the
565 statutory minimums listed in sub-subparagraphs 2.a.-d. or three
566 times the statutory minimum listed in sub-subparagraph 2.e., and
567 the population growth for the trauma service area exceeds the
568 statewide population growth by more than 15 percent based on the
569 American Community Survey 5-Year Estimates by the United States
570 Census Bureau for the 5-year period before the date the
571 applicant files its letter of intent; and

572 2. A sufficient caseload volume of potential trauma
573 patients exists within the trauma service area to ensure that
574 existing trauma centers caseload volumes are at the following
575 levels:

576 a. For Level I trauma centers in trauma service areas with
577 a population of greater than 1.5 million, a minimum caseload
578 volume of the greater of 1,200 high-risk patients admitted or
579 greater per year or, for a trauma center with a trauma or
580 critical care residency or fellowship program, 1,200 high-risk

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581 patients admitted plus 40 cases per year for each accredited
582 critical care and trauma surgical subspecialty medical resident
583 or fellow.

584 b. For Level I trauma centers in trauma service areas with
585 a population of less than 1.5 million, a minimum caseload volume
586 of the greater of 1,000 high-risk patients admitted per year or,
587 for a trauma center with a critical care or trauma residency or
588 fellowship program, 1,000 high-risk patients admitted plus 40
589 cases per year for each accredited critical care and trauma
590 surgical subspecialty medical resident or fellow.

591 c. For Level II trauma centers and Level II trauma centers
592 with a pediatric trauma center in trauma service areas with a
593 population of greater than 1.25 million, a minimum caseload
594 volume of the greater of 1,000 high-risk patients admitted or
595 for a trauma center with a critical care or trauma residency or
596 fellowship program, 1,000 high-risk patients admitted plus 40
597 cases per year for each accredited critical care and trauma
598 surgical subspecialty medical resident or fellow.

599 d. For Level II trauma centers and Level II trauma centers
600 with a pediatric trauma center in trauma service areas with a
601 population of less than 1.25 million, a minimum caseload volume
602 of the greater of 500 high-risk patients admitted per year or
603 for a trauma center with a critical care or trauma residency or
604 fellowship program, 500 high-risk patients admitted plus 40
605 cases per year for each accredited critical care and trauma
606 surgical subspecialty medical resident or fellow.

607 e. For pediatric trauma centers, a minimum caseload volume
608 of the greater of 500 high-risk admitted patients per year or
609 for a trauma center with a critical care or trauma residency or

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610 fellowship program, 500 high-risk admitted patients per year
611 plus 40 cases per year for each accredited critical care and
612 trauma surgical subspecialty medical resident or fellow.

613
614 The International Classification Injury Severity Score
615 calculations and caseload volume must be calculated using the
616 most recent available hospital discharge data collected by the
617 agency from all acute care hospitals pursuant to s. 408.061. The
618 agency, in consultation with the department, shall adopt rules
619 for trauma centers and acute care hospitals for the submission
620 of data required for the department to perform its duties under
621 this chapter.

622 (e) If the department determines that the hospital is
623 capable of attaining and operating with the components required
624 by paragraph (c), the applicant must be ready to operate in
625 compliance with Florida trauma center standards no later than
626 April 30 of the year following the department's initial review
627 and approval of the hospital's application to proceed with
628 preparation to operate as a trauma center. A hospital that fails
629 to comply with this subsection may not be designated as a trauma
630 center ~~Notwithstanding other provisions in this section, the~~
631 ~~department may grant up to an additional 18 months to a hospital~~
632 ~~applicant that is unable to meet all requirements as provided in~~
633 ~~paragraph (c) at the time of application if the number of~~
634 ~~applicants in the service area in which the applicant is located~~
635 ~~is equal to or less than the service area allocation, as~~
636 ~~provided by rule of the department. An applicant that is granted~~
637 ~~additional time pursuant to this paragraph shall submit a plan~~
638 ~~for departmental approval which includes timelines and~~

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639 ~~activities that the applicant proposes to complete in order to~~
640 ~~meet application requirements. Any applicant that demonstrates~~
641 ~~an ongoing effort to complete the activities within the~~
642 ~~timelines outlined in the plan shall be included in the number~~
643 ~~of trauma centers at such time that the department has conducted~~
644 ~~a provisional review of the application and has determined that~~
645 ~~the application is complete and that the hospital has the~~
646 ~~critical elements required for a trauma center.~~

647 ~~2. Timeframes provided in subsections (1) (8) shall be~~
648 ~~stayed until the department determines that the application is~~
649 ~~complete and that the hospital has the critical elements~~
650 ~~required for a trauma center.~~

651 ~~(4)(3)~~ By May 1, the department shall select one or more
652 hospitals ~~After April 30, any hospital that submitted an~~
653 ~~application found acceptable by the department based on initial~~
654 ~~provisional review for approval to prepare shall be eligible to~~
655 ~~operate with the components required by paragraph (3) (c). If the~~
656 ~~department receives more applications than may be approved, the~~
657 ~~department must select the best applicant or applicants from the~~
658 ~~available pool based on the department's determination of the~~
659 ~~capability of an applicant to provide the highest quality~~
660 ~~patient care using the most recent technological, medical, and~~
661 ~~staffing resources available, which is located the farthest away~~
662 ~~from an existing trauma center in the applicant's trauma service~~
663 ~~area to maximize access. The number of applicants selected is~~
664 ~~limited to available statutory need in the specified trauma~~
665 ~~service area, as designated in paragraph (3) (d) or s. 395.402(1)~~
666 ~~as a provisional trauma center.~~

667 ~~(5)(4)~~ Following the initial review, Between May 1 and

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668 ~~October 1 of each year,~~ the department shall conduct an in-depth
669 evaluation of all applications found acceptable in the initial
670 ~~provisional~~ review. The applications shall be evaluated against
671 criteria enumerated in the application packages as provided to
672 the hospitals by the department. An applicant may not operate as
673 a provisional trauma center until the department completes the
674 initial and in-depth review and approves the application.

675 ~~(6)(5) Within Beginning October 1 of each year and ending~~
676 ~~no later than June 1 of the following year~~ after the hospital
677 begins operating as a provisional trauma center, a review team
678 of out-of-state experts assembled by the department shall make
679 onsite visits to all provisional trauma centers. The department
680 shall develop a survey instrument to be used by the expert team
681 of reviewers. The instrument must ~~shall~~ include objective
682 criteria and guidelines for reviewers based on existing trauma
683 center standards such that all trauma centers are assessed
684 equally. The survey instrument must ~~shall~~ also include a uniform
685 rating system that ~~will be used by~~ reviewers must use to
686 indicate the degree of compliance of each trauma center with
687 specific standards, and to indicate the quality of care provided
688 by each trauma center as determined through an audit of patient
689 charts. In addition, hospitals being considered as provisional
690 trauma centers must ~~shall~~ meet all the requirements of a trauma
691 center and must ~~shall~~ be located in a trauma service area that
692 has a need for such a trauma center.

693 ~~(7)(6)~~ Based on recommendations from the review team, the
694 department shall approve for designation a trauma center that is
695 in compliance with trauma center standards, as established by
696 department rule, and with this section ~~shall select trauma~~

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697 ~~centers by July 1. An applicant for designation as a trauma~~
698 ~~center may request an extension of its provisional status if it~~
699 ~~submits a corrective action plan to the department. The~~
700 ~~corrective action plan must demonstrate the ability of the~~
701 ~~applicant to correct deficiencies noted during the applicant's~~
702 ~~onsite review conducted by the department between the previous~~
703 ~~October 1 and June 1. The department may extend the provisional~~
704 ~~status of an applicant for designation as a trauma center~~
705 ~~through December 31 if the applicant provides a corrective~~
706 ~~action plan acceptable to the department. The department or a~~
707 ~~team of out-of-state experts assembled by the department shall~~
708 ~~conduct an onsite visit on or before November 1 to confirm that~~
709 ~~the deficiencies have been corrected. The provisional trauma~~
710 ~~center is responsible for all costs associated with the onsite~~
711 ~~visit in a manner prescribed by rule of the department. By~~
712 ~~January 1, the department must approve or deny the application~~
713 ~~of any provisional applicant granted an extension. Each trauma~~
714 ~~center shall be granted a 7-year approval period during which~~
715 ~~time it must continue to maintain trauma center standards and~~
716 ~~acceptable patient outcomes as determined by department rule. An~~
717 ~~approval, unless sooner suspended or revoked, automatically~~
718 ~~expires 7 years after the date of issuance and is renewable upon~~
719 ~~application for renewal as prescribed by rule of the department.~~

720 (8) (7) Only an applicant, or hospital with an existing
721 trauma center in the same trauma service area or in a trauma
722 service area contiguous to the trauma service area where the
723 applicant has applied to operate a trauma center, may protest a
724 decision made by the department with regard to whether the
725 application should be approved, or whether need has been

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726 established through the criteria established in paragraph (3)(d)
727 ~~Any hospital that wishes to protest a decision made by the~~
728 ~~department based on the department's preliminary or in-depth~~
729 ~~review of applications or on the recommendations of the site~~
730 ~~visit review team pursuant to this section shall proceed as~~
731 ~~provided in chapter 120.~~ Hearings held under this subsection
732 shall be conducted in the same manner as provided in ss. 120.569
733 and 120.57. Cases filed under chapter 120 may combine all
734 disputes between parties.

735 (9)~~(8)~~ Notwithstanding any provision of chapter 381, a
736 hospital licensed under ss. 395.001-395.3025 that operates a
737 trauma center may not terminate or substantially reduce the
738 availability of trauma service without providing at least 180
739 days' notice of its intent to terminate such service. Such
740 notice shall be given to the department, to all affected local
741 or regional trauma agencies, and to all trauma centers,
742 hospitals, and emergency medical service providers in the trauma
743 service area. The department shall adopt by rule the procedures
744 and process for notification, duration, and explanation of the
745 termination of trauma services.

746 (10)~~(9)~~ Except as otherwise provided in this subsection,
747 the department or its agent may collect trauma care and registry
748 data, as prescribed by rule of the department, from trauma
749 centers, hospitals, emergency medical service providers, local
750 or regional trauma agencies, or medical examiners for the
751 purposes of evaluating trauma system effectiveness, ensuring
752 compliance with the standards, and monitoring patient outcomes.
753 A trauma center, hospital, emergency medical service provider,
754 medical examiner, or local trauma agency or regional trauma

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755 agency, or a panel or committee assembled by such an agency
756 under s. 395.50(1) may, but is not required to, disclose to the
757 department patient care quality assurance proceedings, records,
758 or reports. However, the department may require a local trauma
759 agency or a regional trauma agency, or a panel or committee
760 assembled by such an agency to disclose to the department
761 patient care quality assurance proceedings, records, or reports
762 that the department needs solely to conduct quality assurance
763 activities under s. 395.4015, or to ensure compliance with the
764 quality assurance component of the trauma agency's plan approved
765 under s. 395.401. The patient care quality assurance
766 proceedings, records, or reports that the department may require
767 for these purposes include, but are not limited to, the
768 structure, processes, and procedures of the agency's quality
769 assurance activities, and any recommendation for improving or
770 modifying the overall trauma system, if the identity of a trauma
771 center, hospital, emergency medical service provider, medical
772 examiner, or an individual who provides trauma services is not
773 disclosed.

774 (11)~~(10)~~ Out-of-state experts assembled by the department
775 to conduct onsite visits are agents of the department for the
776 purposes of s. 395.3025. An out-of-state expert who acts as an
777 agent of the department under this subsection is not liable for
778 any civil damages as a result of actions taken by him or her,
779 unless he or she is found to be operating outside the scope of
780 the authority and responsibility assigned by the department.

781 (12)~~(11)~~ Onsite visits by the department or its agent may
782 be conducted at any reasonable time and may include but not be
783 limited to a review of records in the possession of trauma

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784 centers, hospitals, emergency medical service providers, local
785 or regional trauma agencies, or medical examiners regarding the
786 care, transport, treatment, or examination of trauma patients.

787 (13)~~(12)~~ Patient care, transport, or treatment records or
788 reports, or patient care quality assurance proceedings, records,
789 or reports obtained or made pursuant to this section, s.
790 395.3025(4)(f), s. 395.401, s. 395.4015, s. 395.402, s. 395.403,
791 s. 395.404, s. 395.4045, s. 395.405, s. 395.50, or s. 395.51
792 must be held confidential by the department or its agent and are
793 exempt from the provisions of s. 119.07(1). Patient care quality
794 assurance proceedings, records, or reports obtained or made
795 pursuant to these sections are not subject to discovery or
796 introduction into evidence in any civil or administrative
797 action.

798 (14)~~(13)~~ The department may adopt, by rule, the procedures
799 and process by which it will select trauma centers. Such
800 procedures and process must be used in ~~annually~~ selecting trauma
801 centers and must be consistent with subsections (1)-(9) ~~(1)-(8)~~
802 except in those situations in which it is in the best interest
803 of, and mutually agreed to by, all applicants within a service
804 area and the department to reduce the timeframes.

805 (15)~~(14)~~ Notwithstanding the procedures established
806 pursuant to subsections (1) through (14) ~~(13)~~, hospitals located
807 in areas with limited access to trauma center services shall be
808 designated by the department as Level II trauma centers based on
809 documentation of a valid certificate of trauma center
810 verification from the American College of Surgeons. Areas with
811 limited access to trauma center services are defined by the
812 following criteria:

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

816 (b) The hospital is located in a county with no verified
817 trauma center; and

818 (c) The hospital is located at least 15 miles or 20 minutes
819 travel time by ground transport from the nearest verified trauma
820 center.

821 (16) (a) Notwithstanding the statutory capacity limits
822 established in s. 395.402(1), the provisions of subsection (8),
823 or any other provision of this act, an adult Level I trauma
824 center, an adult Level II trauma center, a Level II trauma
825 center with a pediatric trauma center, a jointly certified
826 pediatric trauma center, or a stand-alone pediatric trauma
827 center that was verified by the department before December 15,
828 2017, is deemed to have met the trauma center application and
829 operational requirements of this section and must be verified
830 and designated as a trauma center.

831 (b) Notwithstanding the statutory capacity limits
832 established in s. 395.402(1), the provisions of subsection (8),
833 or any other provision of this act, a trauma center that was not
834 verified by the department before December 15, 2017, but that
835 was provisionally approved by the department to be in
836 substantial compliance with Level II trauma standards before
837 January 1, 2017, and which is operating as a Level II trauma
838 center, is deemed to have met the application and operational
839 requirements of this section for a trauma center and must be
840 verified and designated as a Level II trauma center.

841 (c) Notwithstanding the statutory capacity limits

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842 established in s. 395.402(1), the provisions of subsection (8),
843 or any other provision of this act, a trauma center that was not
844 verified by the department before December 15, 2017, as a Level
845 I trauma center but that was provisionally approved by the
846 department to be in substantial compliance with Level I trauma
847 standards before January 1, 2017, and is operating as a Level I
848 trauma center is deemed to have met the application and
849 operational requirements of this section for a trauma center and
850 must be verified and designated as a Level I trauma center.

851 (d) Notwithstanding the statutory capacity limits
852 established in s. 395.402(1), the provisions of subsection (8),
853 or any other provision of this act, a trauma center that was not
854 verified by the department before December 15, 2017, as a
855 pediatric trauma center but was provisionally approved by the
856 department and found to be in substantial compliance with the
857 pediatric trauma standards established by rule before January 1,
858 2018, and is operating as a pediatric trauma center is deemed to
859 have met the application and operational requirements of this
860 section for a pediatric trauma center and, upon successful
861 completion of the in-depth and site review process, shall be
862 verified and designated as a pediatric trauma center.

863 Notwithstanding the provisions of subsection (8), no existing
864 trauma center in the same trauma service area or in a trauma
865 service area contiguous to the trauma service area where the
866 applicant is located may protest the in-depth review, site
867 survey, or verification decision of the department regarding an
868 applicant that meets the requirements of this paragraph.

869 (e) Notwithstanding the statutory capacity limits
870 established in s. 395.402(1) or any other provision of this act,

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871 any hospital operating as a Level II trauma center after January
872 1, 2017, must be designated and verified by the department as a
873 Level II trauma center if all of the following apply:

874 1. The hospital was provisionally approved after January 1,
875 2017, to operate as a Level II trauma center and was in
876 operation on or before June 1, 2017;

877 2. The department's decision to approve the hospital to
878 operate a provisional Level II trauma center was in litigation
879 on or before January 1, 2018;

880 3. The hospital receives a recommended order from the
881 Division of Administrative Hearings, a final order from the
882 department, or an order from a court of competent jurisdiction
883 which provides that it was entitled to be designated and
884 verified as a Level II trauma center; and

885 4. The department determines that the hospital is in
886 substantial compliance with the Level II trauma center
887 standards, including the in-depth and site reviews.

888
889 Any provisional trauma center operating under this paragraph may
890 not be required to cease trauma operations unless a court of
891 competent jurisdiction or the department determines that it has
892 failed to meet the trauma center standards, as established by
893 department rule.

894 (f) Notwithstanding the statutory capacity limits
895 established in s. 395.402(1), or any other provision of this
896 act, a joint pediatric trauma center involving a Level II trauma
897 center and a specialty licensed children's hospital which was
898 verified by the department before December 15, 2017, is deemed
899 to have met the application and operational requirements of this

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900 section for a pediatric trauma center and shall be verified and
901 designated as a pediatric trauma center even if the joint
902 program is dissolved upon the expiration of the existing
903 certificate and the pediatric trauma center continues operations
904 independently through the specialty licensed children's
905 hospital, provided that the pediatric trauma center meets all
906 requirements for verification by the department.

907 (g) Nothing in this subsection shall limit the department's
908 authority to review and approve trauma center applications.

909 Section 7. Section 395.403, Florida Statutes, is amended to
910 read:

911 395.403 Reimbursement of trauma centers.—

912 (1) All verified trauma centers shall be considered
913 eligible to receive state funding when state funds are
914 specifically appropriated for state-sponsored trauma centers in
915 the General Appropriations Act. Effective July 1, 2010, the
916 department shall make payments from the Emergency Medical
917 Services Trust Fund under s. 20.435 to the trauma centers.
918 Payments shall be in equal amounts for the trauma centers
919 approved by the department as of July 1 of the fiscal year in
920 which funding is appropriated. In the event a trauma center does
921 not maintain its status as a trauma center for any state fiscal
922 year in which such funding is appropriated, the trauma center
923 shall repay the state for the portion of the year during which
924 it was not a trauma center.

925 (2) Trauma centers eligible to receive distributions from
926 the Emergency Medical Services Trust Fund under s. 20.435 in
927 accordance with subsection (1) may request that such funds be
928 used as intergovernmental transfer funds in the Medicaid

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929 program.

930 (3) In order to receive state funding, a hospital must
931 ~~shall~~ be a verified trauma center and shall:

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

934 (b) Agree to report trauma data to the National Trauma Data
935 Bank ~~provide information concerning the provision of trauma~~
936 ~~services to the department, in a form and manner prescribed by~~
937 ~~rule of the department.~~

938 (c) Agree to accept all trauma patients, regardless of
939 ability to pay, on a functional space-available basis.

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

944 Section 8. Section 395.4036, Florida Statutes, is amended
945 to read:

946 395.4036 Trauma payments.—

947 (1) Recognizing the Legislature's stated intent to provide
948 financial support to the current verified trauma centers and to
949 provide incentives for the establishment of additional trauma
950 centers as part of a system of state-sponsored trauma centers,
951 the department shall use ~~utilize~~ funds collected under s. 318.18
952 and deposited into the Emergency Medical Services Trust Fund of
953 the department to ensure the availability and accessibility of
954 trauma services throughout the state as provided in this
955 subsection.

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

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958 1. Twenty percent of the total funds collected during the
959 state fiscal year shall be distributed to verified trauma
960 centers that have a local funding contribution as of December
961 31. Distribution of funds under this subparagraph shall be based
962 on trauma caseload volume for the most recent calendar year
963 available.

964 2. Forty percent of the total funds collected shall be
965 distributed to verified trauma centers based on trauma caseload
966 volume for the most recent calendar year available. The
967 determination of caseload volume for distribution of funds under
968 this subparagraph shall be based on the agency's hospital
969 discharge data reported by each trauma center pursuant to s.
970 408.061 and meeting the criteria for classification as a trauma
971 patient department's Trauma Registry data.

972 3. Forty percent of the total funds collected shall be
973 distributed to verified trauma centers based on severity of
974 trauma patients for the most recent calendar year available. The
975 determination of severity for distribution of funds under this
976 subparagraph shall be based on the department's International
977 Classification Injury Severity Scores or another statistically
978 valid and scientifically accepted method of stratifying a trauma
979 patient's severity of injury, risk of mortality, and resource
980 consumption as adopted by the department by rule, weighted based
981 on the costs associated with and incurred by the trauma center
982 in treating trauma patients. The weighting of scores shall be
983 established by the department by rule.

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

986 1. Thirty percent of the total funds collected shall be

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987 distributed to Level II trauma centers operated by a public
988 hospital governed by an elected board of directors as of
989 December 31, 2008.

990 2. Thirty-five percent of the total funds collected shall
991 be distributed to verified trauma centers based on trauma
992 caseload volume for the most recent calendar year available. The
993 determination of caseload volume for distribution of funds under
994 this subparagraph shall be based on the agency's hospital
995 discharge data reported by each trauma center pursuant to s.
996 408.061 and meeting the criteria for classification as a trauma
997 patient department's Trauma Registry data.

998 3. Thirty-five percent of the total funds collected shall
999 be distributed to verified trauma centers based on severity of
1000 trauma patients for the most recent calendar year available. The
1001 determination of severity for distribution of funds under this
1002 subparagraph shall be based on the department's International
1003 Classification Injury Severity Scores or another statistically
1004 valid and scientifically accepted method of stratifying a trauma
1005 patient's severity of injury, risk of mortality, and resource
1006 consumption as adopted by the department by rule, weighted based
1007 on the costs associated with and incurred by the trauma center
1008 in treating trauma patients. The weighting of scores shall be
1009 established by the department by rule.

1010 (2) Funds deposited in the department's Emergency Medical
1011 Services Trust Fund for verified trauma centers may be used to
1012 maximize the receipt of federal funds that may be available for
1013 such trauma centers. Notwithstanding this section and s. 318.14,
1014 distributions to trauma centers may be adjusted in a manner to
1015 ensure that total payments to trauma centers represent the same

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1016 proportional allocation as set forth in this section and s.
1017 318.14. For purposes of this section and s. 318.14, total funds
1018 distributed to trauma centers may include revenue from the
1019 Emergency Medical Services Trust Fund and federal funds for
1020 which revenue from the Administrative Trust Fund is used to meet
1021 state or local matching requirements. Funds collected under ss.
1022 318.14 and 318.18 and deposited in the Emergency Medical
1023 Services Trust Fund of the department shall be distributed to
1024 trauma centers on a quarterly basis using the most recent
1025 calendar year data available. Such data shall not be used for
1026 more than four quarterly distributions unless there are
1027 extenuating circumstances as determined by the department, in
1028 which case the most recent calendar year data available shall
1029 continue to be used and appropriate adjustments shall be made as
1030 soon as the more recent data becomes available.

1031 (3) (a) Any trauma center not subject to audit pursuant to
1032 s. 215.97 shall annually attest, under penalties of perjury,
1033 that such proceeds were used in compliance with law. The annual
1034 attestation shall be made in a form and format determined by the
1035 department. The annual attestation shall be submitted to the
1036 department for review within 9 months after the end of the
1037 organization's fiscal year.

1038 (b) Any trauma center subject to audit pursuant to s.
1039 215.97 shall submit an audit report in accordance with rules
1040 adopted by the Auditor General.

1041 (4) The department, working with the Agency for Health Care
1042 Administration, shall maximize resources for trauma services
1043 wherever possible.

1044 Section 9. Section 395.404, Florida Statutes, is amended to

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1045 read:

1046 395.404 Reporting Review of trauma registry data; report to
1047 National Trauma Data Bank central registry; confidentiality and
1048 limited release.-

1049 (1) ~~(a)~~ Each trauma center shall participate in the National
1050 Trauma Data Bank, and the department shall solely use the
1051 National Trauma Data Bank for quality and assessment purposes.

1052 (2) Each trauma center and acute care hospital shall report
1053 to the department all transfers of trauma patients and the
1054 outcomes of such patients furnish, and, upon request of the
1055 department, all acute care hospitals shall furnish for
1056 department review trauma registry data as prescribed by rule of
1057 the department for the purpose of monitoring patient outcome and
1058 ensuring compliance with the standards of approval.

1059 ~~(b)~~ Trauma registry data obtained pursuant to this
1060 subsection are confidential and exempt from the provisions of s.
1061 119.07(1) and s. 24(a), Art. I of the State Constitution.
1062 However, the department may provide such trauma registry data to
1063 the person, trauma center, hospital, emergency medical service
1064 provider, local or regional trauma agency, medical examiner, or
1065 other entity from which the data were obtained. The department
1066 may also use or provide trauma registry data for purposes of
1067 research in accordance with the provisions of chapter 405.

1068 (3)~~(2)~~ Each trauma center, ~~pediatric trauma center,~~ and
1069 acute care hospital shall report to the department's brain and
1070 spinal cord injury central registry, consistent with the
1071 procedures and timeframes of s. 381.74, any person who has a
1072 moderate-to-severe brain or spinal cord injury, and shall
1073 include in the report the name, age, residence, and type of

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1074 disability of the individual and any additional information that
1075 the department finds necessary.

1076 Section 10. Paragraph (k) of subsection (1) of section
1077 395.401, Florida Statutes, is amended to read:

1078 395.401 Trauma services system plans; approval of trauma
1079 centers and pediatric trauma centers; procedures; renewal.-

1080 (1)

1081 (k) It is unlawful for any hospital or other facility to
1082 hold itself out as a trauma center unless it has been so
1083 verified or designated pursuant to s. 395.4025(15) ~~s.~~
1084 ~~395.4025(14)~~.

1085 Section 11. Paragraph (1) of subsection (3) of section
1086 408.036, Florida Statutes, is amended to read:

1087 408.036 Projects subject to review; exemptions.-

1088 (3) EXEMPTIONS.-Upon request, the following projects are
1089 subject to exemption from the provisions of subsection (1):

1090 (1) For the establishment of:

1091 1. A Level II neonatal intensive care unit with at least 10
1092 beds, upon documentation to the agency that the applicant
1093 hospital had a minimum of 1,500 births during the previous 12
1094 months;

1095 2. A Level III neonatal intensive care unit with at least
1096 15 beds, upon documentation to the agency that the applicant
1097 hospital has a Level II neonatal intensive care unit of at least
1098 10 beds and had a minimum of 3,500 births during the previous 12
1099 months; or

1100 3. A Level III neonatal intensive care unit with at least 5
1101 beds, upon documentation to the agency that the applicant
1102 hospital is a verified trauma center pursuant to s. 395.4001(15)

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1103 ~~s. 395.4001(14)~~, and has a Level II neonatal intensive care
1104 unit,

1105
1106 if the applicant demonstrates that it meets the
1107 requirements for quality of care, nurse staffing, physician
1108 staffing, physical plant, equipment, emergency transportation,
1109 and data reporting found in agency certificate-of-need rules for
1110 Level II and Level III neonatal intensive care units and if the
1111 applicant commits to the provision of services to Medicaid and
1112 charity patients at a level equal to or greater than the
1113 district average. Such a commitment is subject to s. 408.040.

1114 Section 12. Paragraph (a) of subsection (1) of section
1115 409.975, Florida Statutes, is amended to read:

1116 409.975 Managed care plan accountability.—In addition to
1117 the requirements of s. 409.967, plans and providers
1118 participating in the managed medical assistance program shall
1119 comply with the requirements of this section.

1120 (1) PROVIDER NETWORKS.—Managed care plans must develop and
1121 maintain provider networks that meet the medical needs of their
1122 enrollees in accordance with standards established pursuant to
1123 s. 409.967(2)(c). Except as provided in this section, managed
1124 care plans may limit the providers in their networks based on
1125 credentials, quality indicators, and price.

1126 (a) Plans must include all providers in the region that are
1127 classified by the agency as essential Medicaid providers, unless
1128 the agency approves, in writing, an alternative arrangement for
1129 securing the types of services offered by the essential
1130 providers. Providers are essential for serving Medicaid
1131 enrollees if they offer services that are not available from any

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1132 other provider within a reasonable access standard, or if they
1133 provided a substantial share of the total units of a particular
1134 service used by Medicaid patients within the region during the
1135 last 3 years and the combined capacity of other service
1136 providers in the region is insufficient to meet the total needs
1137 of the Medicaid patients. The agency may not classify physicians
1138 and other practitioners as essential providers. The agency, at a
1139 minimum, shall determine which providers in the following
1140 categories are essential Medicaid providers:

- 1141 1. Federally qualified health centers.
- 1142 2. Statutory teaching hospitals as defined in s.
1143 408.07(45).
- 1144 3. Hospitals that are trauma centers as defined in s.
1145 395.4001(15) ~~s. 395.4001(14)~~.
- 1146 4. Hospitals located at least 25 miles from any other
1147 hospital with similar services.

1148
1149 Managed care plans that have not contracted with all
1150 essential providers in the region as of the first date of
1151 recipient enrollment, or with whom an essential provider has
1152 terminated its contract, must negotiate in good faith with such
1153 essential providers for 1 year or until an agreement is reached,
1154 whichever is first. Payments for services rendered by a
1155 nonparticipating essential provider shall be made at the
1156 applicable Medicaid rate as of the first day of the contract
1157 between the agency and the plan. A rate schedule for all
1158 essential providers shall be attached to the contract between
1159 the agency and the plan. After 1 year, managed care plans that
1160 are unable to contract with essential providers shall notify the

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1161 agency and propose an alternative arrangement for securing the
1162 essential services for Medicaid enrollees. The arrangement must
1163 rely on contracts with other participating providers, regardless
1164 of whether those providers are located within the same region as
1165 the nonparticipating essential service provider. If the
1166 alternative arrangement is approved by the agency, payments to
1167 nonparticipating essential providers after the date of the
1168 agency's approval shall equal 90 percent of the applicable
1169 Medicaid rate. Except for payment for emergency services, if the
1170 alternative arrangement is not approved by the agency, payment
1171 to nonparticipating essential providers shall equal 110 percent
1172 of the applicable Medicaid rate.

1173 Section 13. Study on pediatric trauma services; report.—

1174 (1) The Department of Health shall work with the Office of
1175 Program Policy Analysis and Government Accountability to study
1176 the department's licensure requirements, rules, regulations,
1177 standards, and guidelines for pediatric trauma services and
1178 compare them to the licensure requirements, rules, regulations,
1179 standards, and guidelines for verification of pediatric trauma
1180 services by the American College of Surgeons.

1181 (2) The Office of Program Policy Analysis and Government
1182 Accountability shall submit a report of the findings of the
1183 study to the Governor, the President of the Senate, the Speaker
1184 of the House of Representatives, and the Florida Trauma System
1185 Advisory Council established under s. 395.402, Florida Statutes,
1186 by December 31, 2018.

1187 (3) This section shall expire on January 31, 2019.

1188 Section 14. If the provisions of this act relating to s.
1189 395.4025(16), Florida Statutes, are held to be invalid or

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1190 inoperative for any reason, the remaining provisions of this act
1191 shall be deemed to be void and of no effect, it being the
1192 legislative intent that this act as a whole would not have been
1193 adopted had any provision of the act not been included.

1194 Section 15. This act shall take effect upon becoming a law.

1195