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LEGISLATIVE ACTION

Senate

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House

Appropriations Subcommittee on Health and Human Services (Young)
recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

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

318.14 Noncriminal traffic infractions; exception;
procedures.—

(5) Any person electing to appear before the designated
official or who is required so to appear shall be deemed to have



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11 waived his or her right to the civil penalty provisions of s.
12 318.18. The official, after a hearing, shall make a
13 determination as to whether an infraction has been committed. If
14 the commission of an infraction has been proven, the official
15 may impose a civil penalty not to exceed \$500, except that in
16 cases involving unlawful speed in a school zone or involving
17 unlawful speed in a construction zone, the civil penalty may not
18 exceed \$1,000; or require attendance at a driver improvement
19 school, or both. If the person is required to appear before the
20 designated official pursuant to s. 318.19(1) and is found to
21 have committed the infraction, the designated official shall
22 impose a civil penalty of \$1,000 in addition to any other
23 penalties and the person's driver license shall be suspended for
24 6 months. If the person is required to appear before the
25 designated official pursuant to s. 318.19(2) and is found to
26 have committed the infraction, the designated official shall
27 impose a civil penalty of \$500 in addition to any other
28 penalties and the person's driver license shall be suspended for
29 3 months. If the official determines that no infraction has been
30 committed, no costs or penalties shall be imposed and any costs
31 or penalties that have been paid shall be returned. Moneys
32 received from the mandatory civil penalties imposed pursuant to
33 this subsection upon persons required to appear before a
34 designated official pursuant to s. 318.19(1) or (2) shall be
35 remitted to the Department of Revenue and deposited into the
36 Department of Health Emergency Medical Services Trust Fund to
37 provide financial support to certified trauma centers to assure
38 the availability and accessibility of trauma services throughout
39 the state. Funds deposited into the Emergency Medical Services



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40 Trust Fund under this section shall be allocated as follows:

41 (b) Fifty percent shall be allocated among Level I, Level
42 II, and pediatric trauma centers based on each center's relative
43 volume of trauma cases as calculated using the agency's hospital
44 discharge data collected pursuant to s. 408.061 ~~reported in the~~
45 ~~Department of Health Trauma Registry.~~

46 Section 2. Paragraph (h) of subsection (3) of section
47 318.18, Florida Statutes, is amended to read:

48 318.18 Amount of penalties.—The penalties required for a
49 noncriminal disposition pursuant to s. 318.14 or a criminal
50 offense listed in s. 318.17 are as follows:

51 (3)

52 (h) A person cited for a second or subsequent conviction of
53 speed exceeding the limit by 30 miles per hour and above within
54 a 12-month period shall pay a fine that is double the amount
55 listed in paragraph (b). For purposes of this paragraph, the
56 term "conviction" means a finding of guilt as a result of a jury
57 verdict, nonjury trial, or entry of a plea of guilty. Moneys
58 received from the increased fine imposed by this paragraph shall
59 be remitted to the Department of Revenue and deposited into the
60 Department of Health Emergency Medical Services Trust Fund to
61 provide financial support to certified trauma centers to assure
62 the availability and accessibility of trauma services throughout
63 the state. Funds deposited into the Emergency Medical Services
64 Trust Fund under this section shall be allocated as follows:

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

68 2. Fifty percent shall be allocated among Level I, Level



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69 II, and pediatric trauma centers based on each center's relative
70 volume of trauma cases as calculated using the agency's hospital
71 discharge data collected pursuant to s. 408.061 ~~reported in the~~
72 ~~Department of Health Trauma Registry.~~

73 Section 3. Paragraph (b) of subsection (15) of section
74 318.21, Florida Statutes, is amended to read:

75 318.21 Disposition of civil penalties by county courts.—All
76 civil penalties received by a county court pursuant to the
77 provisions of this chapter shall be distributed and paid monthly
78 as follows:

79 (15) Of the additional fine assessed under s. 318.18(3)(e)
80 for a violation of s. 316.1893, 50 percent of the moneys
81 received from the fines shall be appropriated to the Agency for
82 Health Care Administration as general revenue to provide an
83 enhanced Medicaid payment to nursing homes that serve Medicaid
84 recipients with brain and spinal cord injuries. The remaining 50
85 percent of the moneys received from the enhanced fine imposed
86 under s. 318.18(3)(e) shall be remitted to the Department of
87 Revenue and deposited into the Department of Health Emergency
88 Medical Services Trust Fund to provide financial support to
89 certified trauma centers in the counties where enhanced penalty
90 zones are established to ensure the availability and
91 accessibility of trauma services. Funds deposited into the
92 Emergency Medical Services Trust Fund under this subsection
93 shall be allocated as follows:

94 (b) Fifty percent shall be allocated among Level I, Level
95 II, and pediatric trauma centers based on each center's relative
96 volume of trauma cases as calculated using the agency's hospital
97 discharge data collected pursuant to s. 408.061 ~~reported in the~~



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98 ~~Department of Health Trauma Registry.~~

99 Section 4. Subsection (13) of section 395.4001, Florida
100 Statutes, is amended to read:

101 395.4001 Definitions.—As used in this part, the term:

102 (13) "Trauma caseload volume" means the number of trauma
103 patients calculated by the department using the data reported by
104 each designated trauma center to the hospital discharge data
105 reported to the agency pursuant to s. 408.061 ~~reported by~~
106 ~~individual trauma centers to the Trauma Registry and validated~~
107 ~~by the department.~~

108 Section 5. Section 395.402, Florida Statutes, is amended to
109 read:

110 395.402 Trauma service areas; number and location of trauma
111 centers.—

112 (1) The Legislature recognizes the need for a statewide,
113 cohesive, uniform, and integrated trauma system, as well as the
114 need to ensure the viability of existing trauma centers when
115 designating new trauma centers. Consistent with national
116 standards, future trauma center designations shall be based on
117 need as a factor of demand and capacity. ~~Within the trauma~~
118 ~~service areas, Level I and Level II trauma centers shall each be~~
119 ~~capable of annually treating a minimum of 1,000 and 500~~
120 ~~patients, respectively, with an injury severity score (ISS) of 9~~
121 ~~or greater. Level II trauma centers in counties with a~~
122 ~~population of more than 500,000 shall have the capacity to care~~
123 ~~for 1,000 patients per year.~~

124 (2) ~~Trauma service areas as defined in this section are to~~
125 ~~be utilized until the Department of Health completes an~~
126 ~~assessment of the trauma system and reports its finding to the~~



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127 ~~Governor, the President of the Senate, the Speaker of the House~~
128 ~~of Representatives, and the substantive legislative committees.~~
129 ~~The report shall be submitted by February 1, 2005. The~~
130 ~~department shall review the existing trauma system and determine~~
131 ~~whether it is effective in providing trauma care uniformly~~
132 ~~throughout the state. The assessment shall:~~

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

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

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

141 ~~(d) Consider including criteria within trauma center~~
142 ~~approval standards based upon the number of trauma victims~~
143 ~~served within a service area.~~

144 ~~(e) Review the Regional Domestic Security Task Force~~
145 ~~structure and determine whether integrating the trauma system~~
146 ~~planning with interagency regional emergency and disaster~~
147 ~~planning efforts is feasible and identify any duplication of~~
148 ~~efforts between the two entities.~~

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

151 ~~(g) Make recommendations regarding a formula for the~~
152 ~~distribution of funds identified for trauma centers which shall~~
153 ~~address incentives for new centers where needed and the need to~~
154 ~~maintain effective trauma care in areas served by existing~~
155 ~~centers, with consideration for the volume of trauma patients~~



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156 ~~served, and the amount of charity care provided.~~
157 ~~(3) In conducting such assessment and subsequent annual~~
158 ~~reviews, the department shall consider:~~
159 ~~(a) The recommendations made as part of the regional trauma~~
160 ~~system plans submitted by regional trauma agencies.~~
161 ~~(b) Stakeholder recommendations.~~
162 ~~(c) The geographical composition of an area to ensure rapid~~
163 ~~access to trauma care by patients.~~
164 ~~(d) Historical patterns of patient referral and transfer in~~
165 ~~an area.~~
166 ~~(e) Inventories of available trauma care resources,~~
167 ~~including professional medical staff.~~
168 ~~(f) Population growth characteristics.~~
169 ~~(g) Transportation capabilities, including ground and air~~
170 ~~transport.~~
171 ~~(h) Medically appropriate ground and air travel times.~~
172 ~~(i) Recommendations of the Regional Domestic Security Task~~
173 ~~Force.~~
174 ~~(j) The actual number of trauma victims currently being~~
175 ~~served by each trauma center.~~
176 ~~(k) Other appropriate criteria.~~
177 ~~(4) Annually thereafter, the department shall review the~~
178 ~~assignment of the 67 counties to trauma service areas, in~~
179 ~~addition to the requirements of paragraphs (2) (b) - (g) and~~
180 ~~subsection (3). County assignments are made for the purpose of~~
181 ~~developing a system of trauma centers. Revisions made by the~~
182 ~~department shall take into consideration the recommendations~~
183 ~~made as part of the regional trauma system plans approved by the~~
184 ~~department and the recommendations made as part of the state~~



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185 ~~trauma system plan. In cases where a trauma service area is~~
186 ~~located within the boundaries of more than one trauma region,~~
187 ~~the trauma service area's needs, response capability, and system~~
188 ~~requirements shall be considered by each trauma region served by~~
189 ~~that trauma service area in its regional system plan. Until the~~
190 ~~department completes the February 2005 assessment, the~~
191 ~~assignment of counties shall remain as established in this~~
192 ~~section.~~

193 (a) The following trauma service areas are hereby
194 established:

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

197 2. Trauma service area 2 shall consist of Bay, Gulf,
198 Holmes, and Washington Counties.

199 3. Trauma service area 3 shall consist of Calhoun,
200 Franklin, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison,
201 Taylor, and Wakulla Counties.

202 4. Trauma service area 4 shall consist of Alachua,
203 Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy,
204 Putnam, Suwannee, and Union Counties.

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

207 6. Trauma service area 6 shall consist of Citrus, Hernando,
208 and Marion Counties.

209 7. Trauma service area 7 shall consist of Flagler and
210 Volusia Counties.

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

213 9. Trauma service area 9 shall consist of Pasco and



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214 Pinellas Counties.

215 10. Trauma service area 10 shall consist of Hillsborough
216 County.

217 11. Trauma service area 11 shall consist of Hardee,
218 Highlands, and Polk Counties.

219 12. Trauma service area 12 shall consist of Brevard and
220 Indian River Counties.

221 13. Trauma service area 13 shall consist of DeSoto,
222 Manatee, and Sarasota Counties.

223 14. Trauma service area 14 shall consist of Martin,
224 Okeechobee, and St. Lucie Counties.

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

227 16. Trauma service area 16 shall consist of Palm Beach
228 County.

229 17. Trauma service area 17 shall consist of Broward ~~Collier~~
230 County.

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

232 ~~19. Trauma service area 19 shall consist of Miami-Dade and~~
233 ~~Monroe Counties.~~

234 (b) Each trauma service area must ~~should~~ have at least one
235 Level I or Level II trauma center. Except as otherwise provided
236 in s. 395.4025(15), the department may not designate an existing
237 Level II trauma center as a new pediatric trauma center or
238 designate an existing Level II trauma center as a Level I trauma
239 center in a trauma service area that already has an existing
240 Level I or pediatric trauma center ~~The department shall~~
241 ~~allocate, by rule, the number of trauma centers needed for each~~
242 ~~trauma service area.~~



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243 (c) Trauma centers, including Level I, Level II, Level
244 II/pediatric, and stand-alone pediatric trauma centers, shall be
245 apportioned as follows:

- 246 1. Trauma service area 1 shall have three trauma centers.
- 247 2. Trauma service area 2 shall have one trauma center.
- 248 3. Trauma service area 3 shall have one trauma center.
- 249 4. Trauma service area 4 shall have one trauma center.
- 250 5. Trauma service area 5 shall have three trauma centers.
- 251 6. Trauma service area 6 shall have one trauma center.
- 252 7. Trauma service area 7 shall have one trauma center.
- 253 8. Trauma service area 8 shall have three trauma centers.
- 254 9. Trauma service area 9 shall have three trauma centers.
- 255 10. Trauma service area 10 shall have two trauma centers.
- 256 11. Trauma service area 11 shall have one trauma center.
- 257 12. Trauma service area 12 shall have one trauma center.
- 258 13. Trauma service area 13 shall have two trauma centers.
- 259 14. Trauma service area 14 shall have one trauma center.
- 260 15. Trauma service area 15 shall have one trauma center.
- 261 16. Trauma service area 16 shall have two trauma centers.
- 262 17. Trauma service area 17 shall have three trauma centers.
- 263 18. Trauma service area 18 shall have five trauma centers.

264
265 Notwithstanding other provisions in this chapter, a trauma
266 service area may not have more than a total of five Level I,
267 Level II, Level II/pediatric, and stand-alone pediatric trauma
268 centers. A trauma service area may not have more than one stand-
269 alone pediatric trauma center. ~~There shall be no more than a~~
270 total of 44 trauma centers in the state.

271 (2) (a) By October 1, 2018, the department shall establish



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272 the Florida Trauma System Advisory Council to promote an
273 inclusive trauma system and enhance cooperation among trauma
274 system stakeholders. The advisory council may submit
275 recommendations to the department on how to maximize existing
276 trauma center, emergency department, and emergency medical
277 services infrastructure and personnel to achieve the statutory
278 goal of developing an inclusive trauma system.

279 (b)1. The advisory council shall consist of 11
280 representatives appointed by the Governor, including:

281 a. The State Trauma Medical Director;

282 b. A representative from an emergency medical services
283 organization;

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

285 d. A trauma program manager or trauma medical director
286 actively working in a trauma center who represents an investor-
287 owned hospital with a trauma center;

288 e. A trauma program manager or trauma medical director
289 actively working in a trauma center who represents a nonprofit
290 or public hospital with a trauma center;

291 f. A trauma surgeon board-certified in critical care
292 actively practicing medicine in a Level II trauma center who
293 represents an investor-owned hospital with a trauma center;

294 g. A trauma surgeon board-certified in critical care
295 actively practicing medicine who represents a nonprofit or
296 public hospital with a trauma center

297 h. A representative of the American College of Surgeons
298 Committee on Trauma;

299 i. A representative of the Safety Net Hospital Alliance of
300 Florida.



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301 j. A representative of the Florida Hospital Association.

302 k. A trauma surgeon board-certified in critical care
303 actively practicing medicine in a Level I trauma center.

304 2. No two representatives may be employed by the same
305 health care facility.

306 3. Each representative of the council shall be appointed to
307 a 3-year term; however, for the purpose of providing staggered
308 terms, of the initial appointments, four representatives shall
309 be appointed to 1-year terms, four representatives shall be
310 appointed to 2-year terms, and three representatives shall be
311 appointed to 3-year terms.

312 (c) The advisory council shall convene its first meeting no
313 later than January 5, 2019, and shall meet at least quarterly.

314 Section 6. Subsections (1) through (7) of section 395.4025,
315 Florida Statutes, are amended, and subsection (15) is added to
316 that section, to read:

317 395.4025 Trauma centers; selection; quality assurance;
318 records.—

319 (1) For purposes of developing a system of trauma centers,
320 the department shall use the 18 ~~19~~ trauma service areas
321 established in s. 395.402. ~~Within each service area and based on~~
322 ~~the state trauma system plan, the local or regional trauma~~
323 ~~services system plan, and recommendations of the local or~~
324 ~~regional trauma agency, the department shall establish the~~
325 ~~approximate number of trauma centers needed to ensure reasonable~~
326 ~~access to high-quality trauma services.~~ The department shall
327 select those hospitals that are to be recognized as trauma
328 centers.

329 (2) (a) The department shall prepare an analysis of the



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330 Florida trauma system every 3 years, beginning in August 2020,
331 using the Agency for Health Care Administration hospital
332 discharge database described in s. 408.061 for the most current
333 year and the most current 5 years of population data for Florida
334 available from the U.S. Census Bureau. The department's report
335 must include all of the following:

336 1. The population growth for each trauma service area and
337 for the state of Florida;

338 2. The number of severely injured patients with an Injury
339 Severity Score of equal to or greater than 15 treated at each
340 trauma center within each trauma service area, including
341 pediatric trauma centers;

342 3. The total number of severely injured patients with an
343 Injury Severity Score of equal to or greater than 15 treated at
344 all acute care hospitals inclusive of non-trauma centers in the
345 trauma service area;

346 4. The percentage of each trauma center's sufficient volume
347 of trauma patients, as described in subparagraph (3) (d)2., in
348 accordance with the Injury Severity Score for the trauma
349 center's designation, inclusive of the additional caseload
350 volume required for those trauma centers with graduate medical
351 education programs.

352
353 The department shall make available all data, formulas,
354 methodologies, and risk adjustment tools used in the report.

355 (3) (a) The department shall annually notify each acute care
356 general hospital and each local and each regional trauma agency
357 in the trauma service area with an identified need for an
358 additional trauma center ~~state~~ that the department is accepting



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359 letters of intent from hospitals that are interested in becoming
360 trauma centers. The department may accept a letter of intent
361 only if there is statutory capacity for an additional trauma
362 center in accordance with paragraphs (2) (a) and (d), and s.
363 395.402. In order to be considered by the department, a hospital
364 that operates within the geographic area of a local or regional
365 trauma agency must certify that its intent to operate as a
366 trauma center is consistent with the trauma services plan of the
367 local or regional trauma agency, as approved by the department,
368 if such agency exists. Letters of intent must be postmarked no
369 later than midnight October 1 of the year in which the
370 department notifies hospitals that it plans to accept letters of
371 intent.

372 (b) By October 15, the department shall send to all
373 hospitals that submitted a letter of intent an application
374 package that will provide the hospitals with instructions for
375 submitting information to the department for selection as a
376 trauma center. The standards for trauma centers provided for in
377 s. 395.401(2), as adopted by rule of the department, shall serve
378 as the basis for these instructions.

379 (c) In order to be considered by the department,
380 applications from those hospitals seeking selection as trauma
381 centers, including those current verified trauma centers that
382 seek a change or redesignation in approval status as a trauma
383 center, must be received by the department no later than the
384 close of business on April 1 of the year following submission of
385 the letter of intent. The department shall conduct an initial a
386 provisional review of each application for the purpose of
387 determining that the hospital's application is complete and that



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388 the hospital is capable of constructing and operating a trauma
389 center that includes ~~has~~ the critical elements required for a
390 trauma center. This critical review must ~~will~~ be based on trauma
391 center standards and must ~~shall~~ include, but need not be limited
392 to, a review as to ~~of~~ whether the hospital is prepared to attain
393 and operate with all of the following components before April 30
394 of the following year ~~has~~:

395 1. Equipment and physical facilities necessary to provide
396 trauma services.

397 2. Personnel in sufficient numbers and with proper
398 qualifications to provide trauma services.

399 3. An effective quality assurance process.

400 ~~4. Submitted written confirmation by the local or regional~~
401 ~~trauma agency that the hospital applying to become a trauma~~
402 ~~center is consistent with the plan of the local or regional~~
403 ~~trauma agency, as approved by the department, if such agency~~
404 ~~exists.~~

405 (d)~~1.~~ Except as otherwise provided in this act, the
406 Department of Health may not approve an application for a Level
407 I, Level II, Level II/pediatric, or stand-alone pediatric trauma
408 center if approval of the application would exceed the limits on
409 the numbers of Level I, Level II, Level II/pediatric, or stand-
410 alone pediatric trauma centers set forth in s. 395.402(1).

411 However, the department shall review and may approve an
412 application for a trauma center when approval of the application
413 would result in a number of trauma centers which exceeds the
414 limit on the numbers of trauma centers in a trauma service area
415 as set forth in s. 395.402(1), if the applicant demonstrates and
416 the department determines that:



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417 1. The existing trauma centers' actual caseload volume of
418 severely injured patients with an Injury Severity Score equal to
419 or greater than 15 exceeds the minimum caseload volume
420 capabilities, inclusive of the additional caseload volume for
421 graduate medical education critical care and trauma surgical
422 subspecialties by more than two times the statutory minimums
423 listed in paragraphs (2)(i)-(iv) and three times the statutory
424 minimum listed in paragraph (2)(v), and the population growth
425 for the trauma service area exceeds the statewide population
426 growth by more than 15 percent based on the United States census
427 data, for the 5-year period before the date the applicant files
428 its letter of intent; and

429 2. A sufficient volume of potential trauma patients exists
430 within the trauma service area to ensure that existing trauma
431 center volumes are at the following levels:

432 a. For Level I trauma centers in trauma service areas with
433 a population of greater than 1.5 million, the minimum caseload
434 of the greater of 1,200 severely injured admitted patients with
435 an Injury Severity Score equal to or greater than 15 per year or
436 1,200 severely injured admitted patients with an Injury Severity
437 Score equal to or greater than 15 plus 40 cases per year for
438 each accredited critical care and trauma surgical subspecialty
439 medical resident or fellow.

440 b. For Level I trauma centers in trauma service areas with
441 a population of less than 1.5 million, the minimum caseload of
442 the greater of 1,000 severely injured admitted patients with an
443 Injury Severity Score equal to or greater than 15 per year or
444 1,000 severely injured admitted patients with an Injury Severity
445 Score equal to or greater than 15 plus 40 cases per year for



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446 each accredited critical care and trauma surgical subspecialty
447 medical resident or fellow.

448 c. For Level II and Level II/pediatric trauma centers in
449 trauma service areas with a population of greater than 1.25
450 million, the minimum caseload of the greater of 1,000 severely
451 injured admitted patients with an Injury Severity Score equal to
452 or greater than 15 per year or 1,000 severely injured admitted
453 patients with an Injury Severity Score equal to or greater than
454 15 plus 40 cases per year for each accredited critical care and
455 trauma surgical subspecialty medical resident or fellow.

456 d. For Level II and Level II/pediatric trauma centers in
457 trauma service areas with a population of less than 1.25
458 million, the minimum caseload of the greater of 500 severely
459 injured admitted patients with an Injury Severity Score equal to
460 or greater than 15 per year or 500 severely injured admitted
461 patients with an Injury Severity Score equal to or greater than
462 15 per year plus 40 cases per year for each accredited critical
463 care and trauma surgical subspecialty medical resident or
464 fellow.

465 e. For pediatric trauma centers, the minimum caseload of
466 the greater of 500 severely injured admitted patients with an
467 Injury Severity Score equal to or greater than 15 per year or
468 500 severely injured admitted patients with an Injury Severity
469 Score equal to or greater than 15 per year plus 40 cases per
470 year for each accredited critical care and trauma surgical
471 subspecialty medical resident or fellow.

472
473 The Injury Severity Score calculations and caseload volume shall
474 be calculated using the most recently available hospital



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475 discharge data collected by the agency from all acute care
476 hospitals pursuant to s. 408.061, F.S.

477 (e) If the department determines that the hospital is
478 capable of attaining and operating with the components required
479 in paragraph (2)(c), the applicant must be ready to operate in
480 compliance with Florida trauma center standards no later than
481 April 30 of the year following the department's initial review
482 and approval of the hospital's application to proceed with
483 preparation to operate as a trauma center. A hospital that fails
484 to comply with this subsection may not be designated as a trauma
485 center ~~Notwithstanding other provisions in this section, the~~
486 ~~department may grant up to an additional 18 months to a hospital~~
487 ~~applicant that is unable to meet all requirements as provided in~~
488 ~~paragraph (c) at the time of application if the number of~~
489 ~~applicants in the service area in which the applicant is located~~
490 ~~is equal to or less than the service area allocation, as~~
491 ~~provided by rule of the department. An applicant that is granted~~
492 ~~additional time pursuant to this paragraph shall submit a plan~~
493 ~~for departmental approval which includes timelines and~~
494 ~~activities that the applicant proposes to complete in order to~~
495 ~~meet application requirements. Any applicant that demonstrates~~
496 ~~an ongoing effort to complete the activities within the~~
497 ~~timelines outlined in the plan shall be included in the number~~
498 ~~of trauma centers at such time that the department has conducted~~
499 ~~a provisional review of the application and has determined that~~
500 ~~the application is complete and that the hospital has the~~
501 ~~critical elements required for a trauma center.~~

502 ~~2. Timeframes provided in subsections (1)-(8) shall be~~
503 ~~stayed until the department determines that the application is~~



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504 ~~complete and that the hospital has the critical elements~~
505 ~~required for a trauma center.~~

506 (3) By May 1, the department shall select one or more
507 hospitals ~~After April 30, any hospital~~ that submitted an
508 application found acceptable by the department based on initial
509 ~~provisional~~ review for approval to prepare ~~shall be eligible to~~
510 operate with the components required in paragraph (2) (c). If the
511 department receives more applications than may be approved under
512 the statutory capacity in the specified trauma service area, the
513 department must select the best applicant or applicants from the
514 available pool based on the department's determination of the
515 capability of an applicant to provide the greatest improvement
516 in access to trauma services and the highest quality patient
517 care using the most recent technological, medical, and staffing
518 resources available. The number of applicants selected is
519 limited to available statutory need in the specified trauma
520 service area, as designated in paragraph (3) (d) or s. 395.402(1)
521 ~~as a provisional trauma center.~~

522 (4) Following the initial review, ~~Between May 1 and October~~
523 ~~1 of each year,~~ the department shall conduct an in-depth
524 evaluation of all applications found acceptable in the initial
525 ~~provisional~~ review. The applications shall be evaluated against
526 criteria enumerated in the application packages as provided to
527 the hospitals by the department. An applicant may not operate as
528 a provisional trauma center until the department completes the
529 initial and in-depth review and approves the application through
530 those review stages.

531 (5) Within ~~Beginning October 1 of each year and ending no~~
532 ~~later than June 1 of the following year~~ after the hospital



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533 begins operations as a provisional trauma center, a review team
534 of out-of-state experts assembled by the department shall make
535 onsite visits to all provisional trauma centers. The department
536 shall develop a survey instrument to be used by the expert team
537 of reviewers. The instrument must ~~shall~~ include objective
538 criteria and guidelines for reviewers based on existing trauma
539 center standards such that all trauma centers are assessed
540 equally. The survey instrument must ~~shall~~ also include a uniform
541 rating system that ~~will be used by reviewers~~ must use to
542 indicate the degree of compliance of each trauma center with
543 specific standards, and to indicate the quality of care provided
544 by each trauma center as determined through an audit of patient
545 charts. In addition, hospitals being considered as provisional
546 trauma centers must ~~shall~~ meet all the requirements of a trauma
547 center and must ~~shall~~ be located in a trauma service area that
548 has a need for such a trauma center.

549 (6) Based on recommendations from the review team, the
550 department shall designate a trauma center that is in compliance
551 with trauma center standards and with this section ~~shall select~~
552 ~~trauma centers by July 1. An applicant for designation as a~~
553 ~~trauma center may request an extension of its provisional status~~
554 ~~if it submits a corrective action plan to the department. The~~
555 ~~corrective action plan must demonstrate the ability of the~~
556 ~~applicant to correct deficiencies noted during the applicant's~~
557 ~~onsite review conducted by the department between the previous~~
558 ~~October 1 and June 1. The department may extend the provisional~~
559 ~~status of an applicant for designation as a trauma center~~
560 ~~through December 31 if the applicant provides a corrective~~
561 ~~action plan acceptable to the department. The department or a~~



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562 ~~team of out-of-state experts assembled by the department shall~~
563 ~~conduct an onsite visit on or before November 1 to confirm that~~
564 ~~the deficiencies have been corrected. The provisional trauma~~
565 ~~center is responsible for all costs associated with the onsite~~
566 ~~visit in a manner prescribed by rule of the department. By~~
567 ~~January 1, the department must approve or deny the application~~
568 ~~of any provisional applicant granted an extension. Each trauma~~
569 ~~center shall be granted a 7-year approval period during which~~
570 ~~time it must continue to maintain trauma center standards and~~
571 ~~acceptable patient outcomes as determined by department rule. An~~
572 ~~approval, unless sooner suspended or revoked, automatically~~
573 ~~expires 7 years after the date of issuance and is renewable upon~~
574 ~~application for renewal as prescribed by rule of the department.~~

575 (7) Only an applicant, or existing trauma center in the
576 same trauma service area or in a trauma service area contiguous
577 to the trauma service area where the applicant has applied to
578 operate a trauma center, may protest a decision made by the
579 department with regard to whether the application should be
580 approved, or whether need has been established through the
581 criteria in s. 395.4025(3)(d) ~~Any hospital that wishes to~~
582 ~~protest a decision made by the department based on the~~
583 ~~department's preliminary or in-depth review of applications or~~
584 ~~on the recommendations of the site visit review team pursuant to~~
585 ~~this section shall proceed as provided in chapter 120. Hearings~~
586 ~~held under this subsection shall be conducted in the same manner~~
587 ~~as provided in ss. 120.569 and 120.57. Cases filed under chapter~~
588 ~~120 may combine all disputes between parties.~~

589 (15)(a) Notwithstanding the statutory capacity limits
590 established in s. 395.402(1), the provisions of subsection (7)



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591 or any other provision of this act, an adult Level I trauma
592 center, an adult Level II trauma center, or a pediatric trauma
593 center that was verified by the department before December 15,
594 2017, is deemed to have met the trauma center application and
595 operational requirements of this section and shall be verified
596 and designated as a trauma center.

597 (b) Notwithstanding the statutory capacity limits
598 established in s. 395.402(1) the provisions of subsection (7), or
599 any other provision of this act, a trauma center that was not
600 verified by the department before December 15, 2017, but that
601 was provisionally approved by the department to be in
602 substantial compliance with Level II trauma standards before
603 January 1, 2017, and is operating as a Level II trauma center,
604 is deemed to have met the application and operational
605 requirements of this section for a trauma center and shall be
606 verified and designated as a Level II trauma center.

607 (c) Notwithstanding the statutory capacity limits
608 established in s. 395.402(1), the provisions of subsection (7),
609 or any other provision of this act, a trauma center that was not
610 verified by the department before December 15, 2017, as a Level
611 I trauma center but that was provisionally approved by the
612 department to be in substantial compliance with Level I trauma
613 standards before January 1, 2017, and is operating as a Level I
614 trauma center is deemed to have met the application and
615 operational requirements of this section for a trauma center and
616 shall be verified and designated as a Level I trauma center.

617 (d) Notwithstanding the statutory capacity limits
618 established in s. 395.402(1), the provisions of subsection (7),
619 or any other provision of this act, a trauma center that was not



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620 verified by the department before December 15, 2017, as a
621 pediatric trauma center but was provisionally approved by the
622 department to be in substantial compliance with the pediatric
623 trauma standards established by rule before January 1, 2018, and
624 is operating as a pediatric trauma center is deemed to have met
625 the application and operational requirements of this section for
626 a pediatric trauma center and, upon successful completion of the
627 in-depth and site review process, shall be verified and
628 designated as a pediatric trauma center. Notwithstanding the
629 provisions of subsection (7), no existing trauma center in the
630 same trauma service area or in a trauma service area contiguous
631 to the trauma service area where the applicant is located may
632 protest the in-depth review, site survey, or verification
633 decision of the department regarding an applicant that meets the
634 requirements of this paragraph.

635 (e) Notwithstanding the statutory capacity limits
636 established in s. 395.402(1) or any other provision of this act,
637 any hospital operating as a Level II trauma center after January
638 1, 2017, must be designated and verified by the department as a
639 Level II trauma center if all of the following apply:

640 1. The hospital was provisionally approved after January 1,
641 2017 to operate as a Level II trauma center, and was in
642 operation on or before January 1, 2018.

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

646 3. The hospital receives a recommended order from the
647 Division of Administrative Hearings, a final order from the
648 department, or an order from a court of competent jurisdiction



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649 that it was entitled to be designated and verified as a Level II
650 trauma center; and

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

654
655 Any provisional trauma center operating under this paragraph may
656 not be required to cease trauma operations unless a court of
657 competent jurisdiction or the department determines that it has
658 failed to meet the Florida trauma standards.

659 (f) Nothing in this subsection shall limit the department's
660 authority to review and approve trauma center applications.

661 Section 7. Section 395.403, Florida Statutes, is amended to
662 read:

663 395.403 Reimbursement of trauma centers.—

664 (1) All verified trauma centers shall be considered
665 eligible to receive state funding when state funds are
666 specifically appropriated for state-sponsored trauma centers in
667 the General Appropriations Act. Effective July 1, 2010, the
668 department shall make payments from the Emergency Medical
669 Services Trust Fund under s. 20.435 to the trauma centers.
670 Payments shall be in equal amounts for the trauma centers
671 approved by the department as of July 1 of the fiscal year in
672 which funding is appropriated. In the event a trauma center does
673 not maintain its status as a trauma center for any state fiscal
674 year in which such funding is appropriated, the trauma center
675 shall repay the state for the portion of the year during which
676 it was not a trauma center.

677 (2) Trauma centers eligible to receive distributions from



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678 the Emergency Medical Services Trust Fund under s. 20.435 in
679 accordance with subsection (1) may request that such funds be
680 used as intergovernmental transfer funds in the Medicaid
681 program.

682 (3) In order to receive state funding, a hospital shall be
683 a verified trauma center and shall:

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

686 (b) Agree to report trauma data to the National Trauma Data
687 Bank ~~Agree to provide information concerning the provision of~~
688 ~~trauma services to the department, in a form and manner~~
689 ~~prescribed by rule of the department.~~

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

692 (4) A trauma center that fails to comply with any of the
693 conditions listed in subsection (3) or the applicable rules of
694 the department shall not receive payments under this section for
695 the period in which it was not in compliance.

696 Section 8. Section 395.4036, Florida Statutes, is amended
697 to read:

698 395.4036 Trauma payments.—

699 (1) Recognizing the Legislature's stated intent to provide
700 financial support to the current verified trauma centers and to
701 provide incentives for the establishment of additional trauma
702 centers as part of a system of state-sponsored trauma centers,
703 the department shall utilize funds collected under s. 318.18 and
704 deposited into the Emergency Medical Services Trust Fund of the
705 department to ensure the availability and accessibility of
706 trauma services throughout the state as provided in this



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707 subsection.

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

710 1. Twenty percent of the total funds collected during the
711 state fiscal year shall be distributed to verified trauma
712 centers that have a local funding contribution as of December
713 31. Distribution of funds under this subparagraph shall be based
714 on trauma caseload volume for the most recent calendar year
715 available.

716 2. Forty percent of the total funds collected shall be
717 distributed to verified trauma centers based on trauma caseload
718 volume for the most recent calendar year available. The
719 determination of caseload volume for distribution of funds under
720 this subparagraph shall be based on the agency hospital
721 discharge data reported by each trauma center pursuant to s.
722 408.062 and meeting the criteria for classification as a trauma
723 patient department's Trauma Registry data.

724 3. Forty percent of the total funds collected shall be
725 distributed to verified trauma centers based on severity of
726 trauma patients for the most recent calendar year available. The
727 determination of severity for distribution of funds under this
728 subparagraph shall be based on the department's International
729 Classification Injury Severity Scores or another statistically
730 valid and scientifically accepted method of stratifying a trauma
731 patient's severity of injury, risk of mortality, and resource
732 consumption as adopted by the department by rule, weighted based
733 on the costs associated with and incurred by the trauma center
734 in treating trauma patients. The weighting of scores shall be
735 established by the department by rule.



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

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

742 2. Thirty-five percent of the total funds collected shall
743 be distributed to verified trauma centers based on trauma
744 caseload volume for the most recent calendar year available. The
745 determination of caseload volume for distribution of funds under
746 this subparagraph shall be based on the hospital discharge data
747 reported by each trauma center pursuant to s. 408.062 and
748 meeting the criteria for classification as a trauma patient
749 department's Trauma Registry data.

750 3. Thirty-five percent of the total funds collected shall
751 be distributed to verified trauma centers based on severity of
752 trauma patients for the most recent calendar year available. The
753 determination of severity for distribution of funds under this
754 subparagraph shall be based on the department's International
755 Classification Injury Severity Scores or another statistically
756 valid and scientifically accepted method of stratifying a trauma
757 patient's severity of injury, risk of mortality, and resource
758 consumption as adopted by the department by rule, weighted based
759 on the costs associated with and incurred by the trauma center
760 in treating trauma patients. The weighting of scores shall be
761 established by the department by rule.

762 (2) Funds deposited in the department's Emergency Medical
763 Services Trust Fund for verified trauma centers may be used to
764 maximize the receipt of federal funds that may be available for



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765 such trauma centers. Notwithstanding this section and s. 318.14,
766 distributions to trauma centers may be adjusted in a manner to
767 ensure that total payments to trauma centers represent the same
768 proportional allocation as set forth in this section and s.
769 318.14. For purposes of this section and s. 318.14, total funds
770 distributed to trauma centers may include revenue from the
771 Emergency Medical Services Trust Fund and federal funds for
772 which revenue from the Administrative Trust Fund is used to meet
773 state or local matching requirements. Funds collected under ss.
774 318.14 and 318.18 and deposited in the Emergency Medical
775 Services Trust Fund of the department shall be distributed to
776 trauma centers on a quarterly basis using the most recent
777 calendar year data available. Such data shall not be used for
778 more than four quarterly distributions unless there are
779 extenuating circumstances as determined by the department, in
780 which case the most recent calendar year data available shall
781 continue to be used and appropriate adjustments shall be made as
782 soon as the more recent data becomes available.

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

790 (b) Any trauma center subject to audit pursuant to s.
791 215.97 shall submit an audit report in accordance with rules
792 adopted by the Auditor General.

793 (4) The department, working with the Agency for Health Care



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794 Administration, shall maximize resources for trauma services
795 wherever possible.

796 Section 9. Section 395.404, Florida Statutes, is amended to
797 read:

798 395.404 Reporting ~~Review~~ of trauma registry data; report to
799 National Trauma Data Bank ~~central registry; confidentiality and~~
800 ~~limited release.-~~

801 (1)~~(a)~~ Each trauma center shall participate in the National
802 Trauma Data Bank and the department shall solely use the
803 National Trauma Data Bank Florida trauma data for quality and
804 assessment purposes.

805 (2) Each trauma center and acute care hospital shall report
806 to the department all transfers of trauma patients and the
807 outcomes of such patients furnish, and, upon request of the
808 ~~department, all acute care hospitals shall furnish for~~
809 ~~department review trauma registry data as prescribed by rule of~~
810 ~~the department for the purpose of monitoring patient outcome and~~
811 ~~ensuring compliance with the standards of approval.~~

812 ~~(b) Trauma registry data obtained pursuant to this~~
813 ~~subsection are confidential and exempt from the provisions of s.~~
814 ~~119.07(1) and s. 24(a), Art. I of the State Constitution.~~
815 ~~However, the department may provide such trauma registry data to~~
816 ~~the person, trauma center, hospital, emergency medical service~~
817 ~~provider, local or regional trauma agency, medical examiner, or~~
818 ~~other entity from which the data were obtained. The department~~
819 ~~may also use or provide trauma registry data for purposes of~~
820 ~~research in accordance with the provisions of chapter 405.~~

821 (3)~~(2)~~ Each trauma center, ~~pediatric trauma center,~~ and
822 acute care hospital shall report to the department's brain and



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823 spinal cord injury central registry, consistent with the
824 procedures and timeframes of s. 381.74, any person who has a
825 moderate-to-severe brain or spinal cord injury, and shall
826 include in the report the name, age, residence, and type of
827 disability of the individual and any additional information that
828 the department finds necessary.

829 Section 10. If the provisions of this act relating to s.
830 395.4025(15), Florida Statutes. are held to be invalid or
831 inoperative for any reason, the remaining provisions of this act
832 shall be deemed to be void and of no effect, it being the
833 legislative intent that this act as a whole would not have been
834 adopted had any provision of the act not been included.

835 Section 11. This act shall take effect July 1, 2018.

836
837 ===== T I T L E A M E N D M E N T =====

838 And the title is amended as follows:

839 Delete everything before the enacting clause
840 and insert:

841 A bill to be entitled
842 An act relating to trauma services; amending ss.
843 318.14, 318.18, and 318.21, F.S.; providing that
844 moneys received from specified penalties shall be
845 allocated to certain trauma centers by a calculation
846 that uses the Agency of Health Care Administration's
847 hospital discharge data; amending s. 395.4001, F.S.;
848 redefining the term "trauma caseload volume"; amending
849 s. 395.402, F.S.; revising legislative intent;
850 revising the trauma service areas and provisions
851 relating to the number and location of trauma centers;



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852 prohibiting the Department of Health from designating
853 an existing Level II trauma center as a new pediatric
854 trauma center or designate an existing Level II trauma
855 center as a Level I trauma center in a trauma service
856 area which already has an existing Level I or
857 pediatric trauma center; apportioning trauma centers
858 within each trauma service area; requiring the
859 department to establish the Florida Trauma System
860 Advisory Council by a specified date; authorizing the
861 council to submit certain recommendations to the
862 department; providing membership of the council;
863 requiring the council to meet no later than a
864 specified date and to meet at least quarterly;
865 amending s. 395.4025, F.S.; conforming provisions to
866 changes made by the act; requiring the department to
867 prepare an analysis of the Florida Trauma system
868 periodically by using the agency's hospital discharge
869 data and specified population data; specifying
870 contents of the report; requiring the department to
871 make available all data, formulas, methodologies, and
872 risk adjustment tools used in the report; requiring
873 the department to notify each acute care general
874 hospital and local and regional trauma agency in the
875 trauma service area with an identified need for an
876 additional trauma center that the department is
877 accepting letters of intent; prohibiting the
878 department from accepting a letter of intent and from
879 approving an application for a trauma center if there
880 is not statutory capacity for an additional trauma



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881 center; revising the department's review process for
882 hospitals seeking designation as a trauma center;
883 authorizing the department to approve certain
884 applications for designation as trauma center if
885 specified requirements are met; providing that a
886 hospital applicant that meets such requirements must
887 be ready to operate in compliance with specified
888 trauma standards by a specified date; deleting a
889 provision authorizing the department to grant a
890 hospital applicant an extension time to meet certain
891 standards and requirements; requiring the department
892 to select one or more hospitals for approval to
893 prepare to operate as a trauma center; providing
894 selection requirements; prohibiting the applicant from
895 operating as a trauma center until the department has
896 completed its review process and approved the
897 application; requiring a specified review team to make
898 onsite visits to newly operational trauma centers
899 within a certain timeframe; requiring the department
900 to designate a trauma center that is in compliance
901 with specified requirements based on recommendations
902 from the review team; deleting the date by which the
903 department must select trauma centers; providing that
904 only certain hospitals may protest a decision made by
905 the department; providing that certain trauma centers
906 that were verified by the department or determined by
907 the department to be in substantial compliance with
908 specified standards before specified dates are deemed
909 to have met application and operational requirements;



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910 requiring the department to designate a certain
911 provisionally approved Level II trauma center as a
912 trauma center if certain criteria are met; prohibiting
913 such designated trauma center from being required to
914 cease trauma operations unless the department or a
915 court determines that it has failed meet certain
916 standards; providing construction; amending ss.
917 395.403 and 395.4036, F.S.; conforming provisions to
918 changes made by the act; amending s. 395.404, F.S.;
919 requiring trauma centers to participate in the
920 National Trauma Data Bank; requiring trauma centers
921 and acute care hospitals to report trauma patient
922 transfer and outcome data to the department; deleting
923 provisions relating to the department review of trauma
924 registry data; providing for invalidity; providing an
925 effective date.