917002

LEGISLATIVE ACTION

Senate	.	House
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The Committee on Appropriations (Young) recommended the following:

1 **Senate Amendment (with title amendment)**
2
3 Delete everything after the enacting clause
4 and insert:
5 Section 1. Paragraph (b) of subsection (5) of section
6 318.14, Florida Statutes, is amended to read:
7 318.14 Noncriminal traffic infractions; exception;
8 procedures.—
9 (5) Any person electing to appear before the designated
10 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 for Health
44 Care Administration's hospital discharge data collected pursuant
45 to s. 408.061 ~~reported in the Department of Health Trauma~~
46 ~~Registry~~.
47 Section 2. Paragraph (h) of subsection (3) of section
48 318.18, Florida Statutes, is amended to read:
49 318.18 Amount of penalties.—The penalties required for a
50 noncriminal disposition pursuant to s. 318.14 or a criminal
51 offense listed in s. 318.17 are as follows:
52 (3)
53 (h) A person cited for a second or subsequent conviction of
54 speed exceeding the limit by 30 miles per hour and above within
55 a 12-month period shall pay a fine that is double the amount
56 listed in paragraph (b). For purposes of this paragraph, the
57 term "conviction" means a finding of guilt as a result of a jury
58 verdict, nonjury trial, or entry of a plea of guilty. Moneys
59 received from the increased fine imposed by this paragraph shall
60 be remitted to the Department of Revenue and deposited into the
61 Department of Health Emergency Medical Services Trust Fund to
62 provide financial support to certified trauma centers to assure
63 the availability and accessibility of trauma services throughout
64 the state. Funds deposited into the Emergency Medical Services
65 Trust Fund under this section shall be allocated as follows:
66 1. Fifty percent shall be allocated equally among all Level
67 I, Level II, and pediatric trauma centers in recognition of
68 readiness costs for maintaining trauma services.

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69 2. Fifty percent shall be allocated among Level I, Level
70 II, and pediatric trauma centers based on each center’s relative
71 volume of trauma cases as calculated using the Agency for Health
72 Care Administration’s hospital discharge data collected pursuant
73 to s. 408.061 ~~reported in the Department of Health Trauma~~
74 ~~Registry~~.
75 Section 3. Paragraph (b) of subsection (15) of section
76 318.21, Florida Statutes, is amended to read:
77 318.21 Disposition of civil penalties by county courts.—All
78 civil penalties received by a county court pursuant to the
79 provisions of this chapter shall be distributed and paid monthly
80 as follows:
81 (15) Of the additional fine assessed under s. 318.18(3)(e)
82 for a violation of s. 316.1893, 50 percent of the moneys
83 received from the fines shall be appropriated to the Agency for
84 Health Care Administration as general revenue to provide an
85 enhanced Medicaid payment to nursing homes that serve Medicaid
86 recipients with brain and spinal cord injuries. The remaining 50
87 percent of the moneys received from the enhanced fine imposed
88 under s. 318.18(3)(e) shall be remitted to the Department of
89 Revenue and deposited into the Department of Health Emergency
90 Medical Services Trust Fund to provide financial support to
91 certified trauma centers in the counties where enhanced penalty
92 zones are established to ensure the availability and
93 accessibility of trauma services. Funds deposited into the
94 Emergency Medical Services Trust Fund under this subsection
95 shall be allocated as follows:
96 (b) Fifty percent shall be allocated among Level I, Level
97 II, and pediatric trauma centers based on each center’s relative

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98 volume of trauma cases as calculated using the Agency for Health
99 Care Administration's hospital discharge data collected pursuant
100 to s. 408.061 reported in the Department of Health Trauma
101 Registry.
102 Section 4. Present subsections (4) through (18) of section
103 395.4001, Florida Statutes, are renumbered as subsections (5)
104 through (19), respectively, paragraph (a) of present subsection
105 (7) and present subsections (13) and (14) of that section are
106 amended, and a new subsection (4) is added to that section, to
107 read:
108 395.4001 Definitions.—As used in this part, the term:
109 (4) "High-risk patient" means a trauma patient with an
110 International Classification Injury Severity Score of less than
111 0.85.
112 (8)(7) "Level II trauma center" means a trauma center that:
113 (a) Is verified by the department to be in substantial
114 compliance with Level II trauma center standards and has been
115 approved by the department to operate as a Level II trauma
116 center or is designated pursuant to s. 395.4025(15) s.
117 395.4025(14).
118 (14)(13) "Trauma caseload volume" means the number of
119 trauma patients calculated by the department using the data
120 reported by each designated trauma center to the hospital
121 discharge database maintained by the agency pursuant to s.
122 408.061 reported by individual trauma centers to the Trauma
123 Registry and validated by the department.
124 (15)(14) "Trauma center" means a hospital that has been
125 verified by the department to be in substantial compliance with
126 the requirements in s. 395.4025 and has been approved by the

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127 department to operate as a Level I trauma center, Level II
128 trauma center, or pediatric trauma center, or is designated by
129 the department as a Level II trauma center pursuant to s.
130 395.4025(15) ~~s. 395.4025(14)~~.
131 Section 5. Section 395.402, Florida Statutes, is amended to
132 read:
133 395.402 Trauma service areas; number and location of trauma
134 centers.—
135 (1) The Legislature recognizes the need for a statewide,
136 cohesive, uniform, and integrated trauma system, as well as the
137 need to ensure the viability of existing trauma centers when
138 designating new trauma centers. Consistent with national
139 standards, future trauma center designations must be based on
140 need as a factor of demand and capacity. ~~Within the trauma~~
141 ~~service areas, Level I and Level II trauma centers shall each be~~
142 ~~capable of annually treating a minimum of 1,000 and 500~~
143 ~~patients, respectively, with an injury severity score (ISS) of 9~~
144 ~~or greater. Level II trauma centers in counties with a~~
145 ~~population of more than 500,000 shall have the capacity to care~~
146 ~~for 1,000 patients per year.~~
147 ~~(2) Trauma service areas as defined in this section are to~~
148 ~~be utilized until the Department of Health completes an~~
149 ~~assessment of the trauma system and reports its finding to the~~
150 ~~Governor, the President of the Senate, the Speaker of the House~~
151 ~~of Representatives, and the substantive legislative committees.~~
152 ~~The report shall be submitted by February 1, 2005. The~~
153 ~~department shall review the existing trauma system and determine~~
154 ~~whether it is effective in providing trauma care uniformly~~
155 ~~throughout the state. The assessment shall:~~

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156 ~~(a) Consider aligning trauma service areas within the~~
157 ~~trauma region boundaries as established in July 2004.~~
158 ~~(b) Review the number and level of trauma centers needed~~
159 ~~for each trauma service area to provide a statewide integrated~~
160 ~~trauma system.~~
161 ~~(c) Establish criteria for determining the number and level~~
162 ~~of trauma centers needed to serve the population in a defined~~
163 ~~trauma service area or region.~~
164 ~~(d) Consider including criteria within trauma center~~
165 ~~approval standards based upon the number of trauma victims~~
166 ~~served within a service area.~~
167 ~~(e) Review the Regional Domestic Security Task Force~~
168 ~~structure and determine whether integrating the trauma system~~
169 ~~planning with interagency regional emergency and disaster~~
170 ~~planning efforts is feasible and identify any duplication of~~
171 ~~efforts between the two entities.~~
172 ~~(f) Make recommendations regarding a continued revenue~~
173 ~~source which shall include a local participation requirement.~~
174 ~~(g) Make recommendations regarding a formula for the~~
175 ~~distribution of funds identified for trauma centers which shall~~
176 ~~address incentives for new centers where needed and the need to~~
177 ~~maintain effective trauma care in areas served by existing~~
178 ~~centers, with consideration for the volume of trauma patients~~
179 ~~served, and the amount of charity care provided.~~
180 ~~(3) In conducting such assessment and subsequent annual~~
181 ~~reviews, the department shall consider:~~
182 ~~(a) The recommendations made as part of the regional trauma~~
183 ~~system plans submitted by regional trauma agencies.~~
184 ~~(b) Stakeholder recommendations.~~

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~~(c) The geographical composition of an area to ensure rapid access to trauma care by patients.~~

~~(d) Historical patterns of patient referral and transfer in an area.~~

~~(e) Inventories of available trauma care resources, including professional medical staff.~~

~~(f) Population growth characteristics.~~

~~(g) Transportation capabilities, including ground and air transport.~~

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

~~(i) Recommendations of the Regional Domestic Security Task Force.~~

~~(j) The actual number of trauma victims currently being served by each trauma center.~~

~~(k) Other appropriate criteria.~~

~~(4) Annually thereafter, the department shall review the assignment of the 67 counties to trauma service areas, in addition to the requirements of paragraphs (2)(b)-(g) and subsection (3). County assignments are made for the purpose of developing a system of trauma centers. Revisions made by the department shall take into consideration the recommendations made as part of the regional trauma system plans approved by the department and the recommendations made as part of the state trauma system plan. In cases where a trauma service area is located within the boundaries of more than one trauma region, the trauma service area's needs, response capability, and system requirements shall be considered by each trauma region served by that trauma service area in its regional system plan. Until the department completes the February 2005 assessment, the~~

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214 ~~assignment of counties shall remain as established in this~~
215 ~~section.~~
216 (a) The following trauma service areas are ~~hereby~~
217 established:
218 1. Trauma service area 1 shall consist of Escambia,
219 Okaloosa, Santa Rosa, and Walton Counties.
220 2. Trauma service area 2 shall consist of Bay, Gulf,
221 Holmes, and Washington Counties.
222 3. Trauma service area 3 shall consist of Calhoun,
223 Franklin, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison,
224 Taylor, and Wakulla Counties.
225 4. Trauma service area 4 shall consist of Alachua,
226 Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy,
227 Putnam, Suwannee, and Union Counties.
228 5. Trauma service area 5 shall consist of Baker, Clay,
229 Duval, Nassau, and St. Johns Counties.
230 6. Trauma service area 6 shall consist of Citrus, Hernando,
231 and Marion Counties.
232 7. Trauma service area 7 shall consist of Flagler and
233 Volusia Counties.
234 8. Trauma service area 8 shall consist of Lake, Orange,
235 Osceola, Seminole, and Sumter Counties.
236 9. Trauma service area 9 shall consist of Pasco and
237 Pinellas Counties.
238 10. Trauma service area 10 shall consist of Hillsborough
239 County.
240 11. Trauma service area 11 shall consist of Hardee,
241 Highlands, and Polk Counties.
242 12. Trauma service area 12 shall consist of Brevard and

243 Indian River Counties.
244 13. Trauma service area 13 shall consist of DeSoto,
245 Manatee, and Sarasota Counties.
246 14. Trauma service area 14 shall consist of Martin,
247 Okeechobee, and St. Lucie Counties.
248 15. Trauma service area 15 shall consist of Charlotte,
249 Collier, Glades, Hendry, and Lee Counties.
250 16. Trauma service area 16 shall consist of Palm Beach
251 County.
252 17. Trauma service area 17 shall consist of Broward ~~Collier~~
253 County.
254 18. Trauma service area 18 shall consist of ~~Broward County.~~
255 ~~19. Trauma service area 19 shall consist of~~ Miami-Dade and
256 Monroe Counties.
257 (b) Each trauma service area must ~~should~~ have at least one
258 Level I or Level II trauma center. Except as otherwise provided
259 in s. 395.4025(16), the department may not designate an existing
260 Level II trauma center as a new pediatric trauma center or
261 designate an existing Level II trauma center as a Level I trauma
262 center in a trauma service area that already has an existing
263 Level I or pediatric trauma center ~~The department shall~~
264 ~~allocate, by rule, the number of trauma centers needed for each~~
265 ~~trauma service area~~.
266 (c) Trauma centers, including Level I, Level II, Level II
267 with a pediatric trauma center, jointly certified pediatric
268 trauma centers, and stand-alone pediatric trauma centers, shall
269 be apportioned as follows:
270 1. Trauma service area 1 shall have three trauma centers.
271 2. Trauma service area 2 shall have one trauma center.

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272 3. Trauma service area 3 shall have one trauma center.
273 4. Trauma service area 4 shall have one trauma center.
274 5. Trauma service area 5 shall have three trauma centers.
275 6. Trauma service area 6 shall have one trauma center.
276 7. Trauma service area 7 shall have one trauma center.
277 8. Trauma service area 8 shall have three trauma centers.
278 9. Trauma service area 9 shall have three trauma centers.
279 10. Trauma service area 10 shall have two trauma centers.
280 11. Trauma service area 11 shall have one trauma center.
281 12. Trauma service area 12 shall have one trauma center.
282 13. Trauma service area 13 shall have two trauma centers.
283 14. Trauma service area 14 shall have one trauma center.
284 15. Trauma service area 15 shall have one trauma center.
285 16. Trauma service area 16 shall have two trauma centers.
286 17. Trauma service area 17 shall have three trauma centers.
287 18. Trauma service area 18 shall have five trauma centers.
288
289 Notwithstanding other provisions of this chapter, a trauma
290 service area may not have more than a total of five Level I,
291 Level II, Level II with a pediatric trauma center, jointly
292 certified pediatric trauma centers, and stand-alone pediatric
293 trauma centers. A trauma service area may not have more than one
294 stand-alone pediatric trauma center ~~There shall be no more than~~
295 ~~a total of 44 trauma centers in the state~~.
296 (2)(a) By October 1, 2018, the department shall establish
297 the Florida Trauma System Advisory Council to promote an
298 inclusive trauma system and enhance cooperation among trauma
299 system stakeholders. The advisory council may submit
300 recommendations to the department on how to maximize existing

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301 trauma center, emergency department, and emergency medical
302 services infrastructure and personnel to achieve the statutory
303 goal of developing an inclusive trauma system.
304 (b)1. The advisory council shall consist of 12 members
305 appointed by the Governor, including:
306 a. The State Trauma Medical Director;
307 b. A standing member of the Emergency Medical Services
308 Advisory Council;
309 c. A representative of a local or regional trauma agency;
310 d. A trauma program manager or trauma medical director who
311 is actively working in a trauma center and who represents an
312 investor-owned hospital with a trauma center;
313 e. A trauma program manager or trauma medical director
314 actively working in a trauma center who represents a nonprofit
315 or public hospital with a trauma center;
316 f. A trauma surgeon who is board-certified in an
317 appropriate trauma or critical care specialty and who is
318 actively practicing medicine in a Level II trauma center who
319 represents an investor-owned hospital with a trauma center;
320 g. A trauma surgeon who is board-certified in an
321 appropriate trauma or critical care specialty and actively
322 practicing medicine who represents a nonprofit or public
323 hospital with a trauma center;
324 h. A representative of the American College of Surgeons
325 Committee on Trauma who has pediatric expertise;
326 i. A representative of the Safety Net Hospital Alliance of
327 Florida;
328 j. A representative of the Florida Hospital Association;
329 k. A Florida-licensed, board-certified emergency medicine

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330 physician who is not affiliated with a trauma center; and
331 l. A trauma surgeon who is board-certified in an
332 appropriate trauma or critical care specialty and actively
333 practicing medicine in a Level I trauma center.
334 2. No two members may be employed by the same health care
335 facility.
336 3. Each council member shall be appointed to a 3-year term;
337 however, for the purpose of providing staggered terms, of the
338 initial appointments, four members shall be appointed to 1-year
339 terms, four members shall be appointed to 2-year terms, and four
340 members shall be appointed to 3-year terms.
341 (c) The department shall use existing and available
342 resources to administer and support the activities of the
343 advisory council. Members of the advisory council shall serve
344 without compensation and are not entitled to reimbursement for
345 per diem or travel expenses.
346 (d) The advisory council shall convene no later than
347 January 5, 2019, and shall meet at least quarterly.
348 Section 6. Section 395.4025, Florida Statutes, is amended
349 to read:
350 395.4025 Trauma centers; selection; quality assurance;
351 records.—
352 (1) For purposes of developing a system of trauma centers,
353 the department shall use the 18 ~~19~~ trauma service areas
354 established in s. 395.402. ~~Within each service area and based on~~
355 ~~the state trauma system plan, the local or regional trauma~~
356 ~~services system plan, and recommendations of the local or~~
357 ~~regional trauma agency, the department shall establish the~~
358 ~~approximate number of trauma centers needed to ensure reasonable~~

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359 ~~access to high-quality trauma services.~~ The department shall
360 designate ~~select~~ those hospitals that are to be recognized as
361 trauma centers.
362 (2)(a) The department shall prepare an analysis of the
363 Florida trauma system by August 31, 2020, and every 3 years
364 thereafter, using the agency’s hospital discharge database
365 described in s. 408.061 for the current year and the most recent
366 5 years of population data for Florida available from the
367 American Community Survey 5-Year Estimates by the United States
368 Census Bureau. The department’s report must, at a minimum,
369 include all of the following:
370 1. The population growth for each trauma service area and
371 for this state;
372 2. The number of high-risk patients treated at each trauma
373 center within each trauma service area, including pediatric
374 trauma centers;
375 3. The total number of high-risk patients treated at all
376 acute care hospitals inclusive of nontrauma centers in the
377 trauma service area; and
378 4. The percentage of each trauma center’s sufficient volume
379 of trauma patients, as described in subparagraph (3)(d)2., in
380 accordance with the International Classification Injury Severity
381 Score for the trauma center’s designation, inclusive of the
382 additional caseload volume required for those trauma centers
383 with graduate medical education programs.
384 (b) The department shall make available all data, formulas,
385 methodologies, calculations, and risk adjustment tools used in
386 preparing the report.
387 (3)(a) ~~(2)(a)~~ The department shall ~~annually~~ notify each

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388 acute care general hospital and each local and each regional
389 trauma agency in a trauma service area with an identified need
390 for an additional trauma center ~~the state~~ that the department is
391 accepting letters of intent from hospitals that are interested
392 in becoming trauma centers. The department may accept a letter
393 of intent only if there is statutory capacity for an additional
394 trauma center in accordance with subsection (2), paragraph (d),
395 and s. 395.402 ~~In order to be considered by the department, a~~
396 ~~hospital that operates within the geographic area of a local or~~
397 ~~regional trauma agency must certify that its intent to operate~~
398 ~~as a trauma center is consistent with the trauma services plan~~
399 ~~of the local or regional trauma agency, as approved by the~~
400 ~~department, if such agency exists~~. Letters of intent must be
401 postmarked no later than midnight October 1 of the year in which
402 the department notifies hospitals that it plans to accept
403 letters of intent.
404 (b) By October 15, the department shall send to all
405 hospitals that submitted a letter of intent an application
406 package that will provide the hospitals with instructions for
407 submitting information to the department for selection as a
408 trauma center. The standards for trauma centers provided for in
409 s. 395.401(2), as adopted by rule of the department, shall serve
410 as the basis for these instructions.
411 (c) In order to be considered by the department,
412 applications from those hospitals seeking selection as trauma
413 centers, including those current verified trauma centers that
414 seek a change or redesignation in approval status as a trauma
415 center, must be received by the department no later than the
416 close of business on April 1 of the year following submission of

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417 the letter of intent. The department shall conduct an initial ~~a~~
418 ~~provisional~~ review of each application for the purpose of
419 determining whether ~~that~~ the hospital's application is complete
420 and whether ~~that~~ the hospital is capable of constructing and
421 operating a trauma center that includes ~~has~~ the critical
422 elements required for a trauma center. This critical review must
423 ~~will~~ be based on trauma center standards and must ~~shall~~ include,
424 but need not be limited to, a review as to ~~of~~ whether the
425 hospital is prepared to attain and operate with all of the
426 following components before April 30 of the following year ~~has~~:
427 1. Equipment and physical facilities necessary to provide
428 trauma services.
429 2. Personnel in sufficient numbers and with proper
430 qualifications to provide trauma services.
431 3. An effective quality assurance process.
432 ~~4. Submitted written confirmation by the local or regional~~
433 ~~trauma agency that the hospital applying to become a trauma~~
434 ~~center is consistent with the plan of the local or regional~~
435 ~~trauma agency, as approved by the department, if such agency~~
436 ~~exists.~~
437 (d)~~1.~~ Except as otherwise provided in this section, the
438 department may not approve an application for a Level I, a Level
439 II, a Level II with a pediatric trauma center, a jointly
440 certified pediatric trauma center, or a stand-alone pediatric
441 trauma center if approval of the application would exceed the
442 limits on the numbers of Level I, Level II, Level II with a
443 pediatric trauma center, jointly certified pediatric trauma
444 centers, or stand-alone pediatric trauma centers established in
445 s. 395.402(1). However, the department shall review and may

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446 approve an application for a trauma center when approval of the
447 application would result in a number of trauma centers which
448 exceeds the limit on the numbers of trauma centers in a trauma
449 service area imposed in s. 395.402(1), if, using the analysis
450 performed by the department as required in paragraph (2)(a), the
451 applicant demonstrates and the department determines that:
452 1. The existing trauma center actual caseload volume of
453 high-risk patients exceeds the minimum caseload volume
454 capabilities, inclusive of the additional caseload volume for
455 graduate medical education critical care and trauma surgical
456 subspecialty residents or fellows by more than two times the
457 statutory minimums listed in sub-subparagraphs 2.a.-d. or three
458 times the statutory minimum listed in sub-subparagraph 2.e., and
459 the population growth for the trauma service area exceeds the
460 statewide population growth by more than 15 percent based on the
461 American Community Survey 5-Year Estimates by the United States
462 Census Bureau for the 5-year period before the date the
463 applicant files its letter of intent; and
464 2. A sufficient caseload volume of potential trauma
465 patients exists within the trauma service area to ensure that
466 existing trauma centers caseload volumes are at the following
467 levels:
468 a. For Level I trauma centers in trauma service areas with
469 a population of greater than 1.5 million, a minimum caseload
470 volume of the greater of 1,200 high-risk patients admitted or
471 greater per year or, for a trauma center with a trauma or
472 critical care residency or fellowship program, 1,200 high-risk
473 patients admitted plus 40 cases per year for each accredited
474 critical care and trauma surgical subspecialty medical resident

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475 or fellow.
476 b. For Level I trauma centers in trauma service areas with
477 a population of less than 1.5 million, a minimum caseload volume
478 of the greater of 1,000 high-risk patients admitted per year or,
479 for a trauma center with a critical care or trauma residency or
480 fellowship program, 1,000 high-risk patients admitted plus 40
481 cases per year for each accredited critical care and trauma
482 surgical subspecialty medical resident or fellow.
483 c. For Level II trauma centers and Level II trauma centers
484 with a pediatric trauma center in trauma service areas with a
485 population of greater than 1.25 million, a minimum caseload
486 volume of the greater of 1,000 high-risk patients admitted or
487 for a trauma center with a critical care or trauma residency or
488 fellowship program, 1,000 high-risk patients admitted plus 40
489 cases per year for each accredited critical care and trauma
490 surgical subspecialty medical resident or fellow.
491 d. For Level II trauma centers and Level II trauma centers
492 with a pediatric trauma center in trauma service areas with a
493 population of less than 1.25 million, a minimum caseload volume
494 of the greater of 500 high-risk patients admitted per year or
495 for a trauma center with a critical care or trauma residency or
496 fellowship program, 500 high-risk patients admitted plus 40
497 cases per year for each accredited critical care and trauma
498 surgical subspecialty medical resident or fellow.
499 e. For pediatric trauma centers, a minimum caseload volume
500 of the greater of 500 high-risk admitted patients per year or
501 for a trauma center with a critical care or trauma residency or
502 fellowship program, 500 high-risk admitted patients per year
503 plus 40 cases per year for each accredited critical care and

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504 trauma surgical subspecialty medical resident or fellow.
505
506 The International Classification Injury Severity Score
507 calculations and caseload volume must be calculated using the
508 most recent available hospital discharge data collected by the
509 agency from all acute care hospitals pursuant to s. 408.061. The
510 agency, in consultation with the department, shall adopt rules
511 for trauma centers and acute care hospitals for the submission
512 of data required for the department to perform its duties under
513 this chapter.
514 (e) If the department determines that the hospital is
515 capable of attaining and operating with the components required
516 by paragraph (c), the applicant must be ready to operate in
517 compliance with Florida trauma center standards no later than
518 April 30 of the year following the department's initial review
519 and approval of the hospital's application to proceed with
520 preparation to operate as a trauma center. A hospital that fails
521 to comply with this subsection may not be designated as a trauma
522 center ~~Notwithstanding other provisions in this section, the~~
523 ~~department may grant up to an additional 18 months to a hospital~~
524 ~~applicant that is unable to meet all requirements as provided in~~
525 ~~paragraph (c) at the time of application if the number of~~
526 ~~applicants in the service area in which the applicant is located~~
527 ~~is equal to or less than the service area allocation, as~~
528 ~~provided by rule of the department. An applicant that is granted~~
529 ~~additional time pursuant to this paragraph shall submit a plan~~
530 ~~for departmental approval which includes timelines and~~
531 ~~activities that the applicant proposes to complete in order to~~
532 ~~meet application requirements. Any applicant that demonstrates~~

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533 ~~an ongoing effort to complete the activities within the~~
534 ~~timelines outlined in the plan shall be included in the number~~
535 ~~of trauma centers at such time that the department has conducted~~
536 ~~a provisional review of the application and has determined that~~
537 ~~the application is complete and that the hospital has the~~
538 ~~critical elements required for a trauma center.~~
539 ~~2. Timeframes provided in subsections (1)-(8) shall be~~
540 ~~stayed until the department determines that the application is~~
541 ~~complete and that the hospital has the critical elements~~
542 ~~required for a trauma center~~.
543 (4)~~(3)~~ By May 1, the department shall select one or more
544 hospitals ~~After April 30, any hospital~~ that submitted an
545 application found acceptable by the department based on initial
546 ~~provisional~~ review for approval to prepare ~~shall be eligible~~ to
547 operate with the components required by paragraph (3)(c). If the
548 department receives more applications than may be approved, the
549 department must select the best applicant or applicants from the
550 available pool based on the department's determination of the
551 capability of an applicant to provide the highest quality
552 patient care using the most recent technological, medical, and
553 staffing resources available, which is located the farthest away
554 from an existing trauma center in the applicant's trauma service
555 area to maximize access. The number of applicants selected is
556 limited to available statutory need in the specified trauma
557 service area, as designated in paragraph (3)(d) or s. 395.402(1)
558 ~~as a provisional trauma center~~.
559 (5)~~(4)~~ Following the initial review, ~~Between May 1 and~~
560 ~~October 1 of each year~~, the department shall conduct an in-depth
561 evaluation of all applications found acceptable in the initial

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562 ~~provisional~~ review. The applications shall be evaluated against
563 criteria enumerated in the application packages as provided to
564 the hospitals by the department. An applicant may not operate as
565 a provisional trauma center until the department completes the
566 initial and in-depth review and approves the application.
567 (6)~~(5)~~ Within ~~Beginning October 1 of each year and ending~~
568 ~~no later than June 1 of~~ the ~~following~~ year after the hospital
569 begins operating as a provisional trauma center, a review team
570 of out-of-state experts assembled by the department shall make
571 onsite visits to all provisional trauma centers. The department
572 shall develop a survey instrument to be used by the expert team
573 of reviewers. The instrument must ~~shall~~ include objective
574 criteria and guidelines for reviewers based on existing trauma
575 center standards such that all trauma centers are assessed
576 equally. The survey instrument must ~~shall~~ also include a uniform
577 rating system that ~~will be used by~~ reviewers must use to
578 indicate the degree of compliance of each trauma center with
579 specific standards, and to indicate the quality of care provided
580 by each trauma center as determined through an audit of patient
581 charts. In addition, hospitals being considered as provisional
582 trauma centers must ~~shall~~ meet all the requirements of a trauma
583 center and must ~~shall~~ be located in a trauma service area that
584 has a need for such a trauma center.
585 (7)~~(6)~~ Based on recommendations from the review team, the
586 department shall approve for designation a trauma center that is
587 in compliance with trauma center standards, as established by
588 department rule, and with this section ~~shall select trauma~~
589 ~~centers by July 1. An applicant for designation as a trauma~~
590 ~~center may request an extension of its provisional status if it~~

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591 ~~submits a corrective action plan to the department. The~~
592 ~~corrective action plan must demonstrate the ability of the~~
593 ~~applicant to correct deficiencies noted during the applicant's~~
594 ~~onsite review conducted by the department between the previous~~
595 ~~October 1 and June 1. The department may extend the provisional~~
596 ~~status of an applicant for designation as a trauma center~~
597 ~~through December 31 if the applicant provides a corrective~~
598 ~~action plan acceptable to the department. The department or a~~
599 ~~team of out-of-state experts assembled by the department shall~~
600 ~~conduct an onsite visit on or before November 1 to confirm that~~
601 ~~the deficiencies have been corrected. The provisional trauma~~
602 ~~center is responsible for all costs associated with the onsite~~
603 ~~visit in a manner prescribed by rule of the department. By~~
604 ~~January 1, the department must approve or deny the application~~
605 ~~of any provisional applicant granted an extension~~. Each trauma
606 center shall be granted a 7-year approval period during which
607 time it must continue to maintain trauma center standards and
608 acceptable patient outcomes as determined by department rule. An
609 approval, unless sooner suspended or revoked, automatically
610 expires 7 years after the date of issuance and is renewable upon
611 application for renewal as prescribed by rule of the department.
612 (8) ~~(7)~~ Only an applicant, or hospital with an existing
613 trauma center in the same trauma service area or in a trauma
614 service area contiguous to the trauma service area where the
615 applicant has applied to operate a trauma center, may protest a
616 decision made by the department with regard to whether the
617 application should be approved, or whether need has been
618 established through the criteria established in paragraph (3)(d)
619 ~~Any hospital that wishes to protest a decision made by the~~

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620 ~~department based on the department's preliminary or in-depth~~
621 ~~review of applications or on the recommendations of the site~~
622 ~~visit review team pursuant to this section shall proceed as~~
623 ~~provided in chapter 120~~. Hearings held under this subsection
624 shall be conducted in the same manner as provided in ss. 120.569
625 and 120.57. Cases filed under chapter 120 may combine all
626 disputes between parties.
627 (9) ~~(8)~~ Notwithstanding any provision of chapter 381, a
628 hospital licensed under ss. 395.001-395.3025 that operates a
629 trauma center may not terminate or substantially reduce the
630 availability of trauma service without providing at least 180
631 days' notice of its intent to terminate such service. Such
632 notice shall be given to the department, to all affected local
633 or regional trauma agencies, and to all trauma centers,
634 hospitals, and emergency medical service providers in the trauma
635 service area. The department shall adopt by rule the procedures
636 and process for notification, duration, and explanation of the
637 termination of trauma services.
638 (10) ~~(9)~~ Except as otherwise provided in this subsection,
639 the department or its agent may collect trauma care and registry
640 data, as prescribed by rule of the department, from trauma
641 centers, hospitals, emergency medical service providers, local
642 or regional trauma agencies, or medical examiners for the
643 purposes of evaluating trauma system effectiveness, ensuring
644 compliance with the standards, and monitoring patient outcomes.
645 A trauma center, hospital, emergency medical service provider,
646 medical examiner, or local trauma agency or regional trauma
647 agency, or a panel or committee assembled by such an agency
648 under s. 395.50(1) may, but is not required to, disclose to the

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department patient care quality assurance proceedings, records, or reports. However, the department may require a local trauma agency or a regional trauma agency, or a panel or committee assembled by such an agency to disclose to the department patient care quality assurance proceedings, records, or reports that the department needs solely to conduct quality assurance activities under s. 395.4015, or to ensure compliance with the quality assurance component of the trauma agency's plan approved under s. 395.401. The patient care quality assurance proceedings, records, or reports that the department may require for these purposes include, but are not limited to, the structure, processes, and procedures of the agency's quality assurance activities, and any recommendation for improving or modifying the overall trauma system, if the identity of a trauma center, hospital, emergency medical service provider, medical examiner, or an individual who provides trauma services is not disclosed.

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

(12) ~~(11)~~ Onsite visits by the department or its agent may be conducted at any reasonable time and may include but not be limited to a review of records in the possession of trauma centers, hospitals, emergency medical service providers, local or regional trauma agencies, or medical examiners regarding the

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678 care, transport, treatment, or examination of trauma patients.
679 (13) ~~(12)~~ Patient care, transport, or treatment records or
680 reports, or patient care quality assurance proceedings, records,
681 or reports obtained or made pursuant to this section, s.
682 395.3025(4)(f), s. 395.401, s. 395.4015, s. 395.402, s. 395.403,
683 s. 395.404, s. 395.4045, s. 395.405, s. 395.50, or s. 395.51
684 must be held confidential by the department or its agent and are
685 exempt from the provisions of s. 119.07(1). Patient care quality
686 assurance proceedings, records, or reports obtained or made
687 pursuant to these sections are not subject to discovery or
688 introduction into evidence in any civil or administrative
689 action.
690 (14) ~~(13)~~ The department may adopt, by rule, the procedures
691 and process by which it will select trauma centers. Such
692 procedures and process must be used in ~~annually~~ selecting trauma
693 centers and must be consistent with subsections (1)-(9) ~~(1)-(8)~~
694 except in those situations in which it is in the best interest
695 of, and mutually agreed to by, all applicants within a service
696 area and the department to reduce the timeframes.
697 (15) ~~(14)~~ Notwithstanding the procedures established
698 pursuant to subsections (1) through (14) ~~(13)~~, hospitals located
699 in areas with limited access to trauma center services shall be
700 designated by the department as Level II trauma centers based on
701 documentation of a valid certificate of trauma center
702 verification from the American College of Surgeons. Areas with
703 limited access to trauma center services are defined by the
704 following criteria:
705 (a) The hospital is located in a trauma service area with a
706 population greater than 600,000 persons but a population density

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707 of less than 225 persons per square mile;
708 (b) The hospital is located in a county with no verified
709 trauma center; and
710 (c) The hospital is located at least 15 miles or 20 minutes
711 travel time by ground transport from the nearest verified trauma
712 center.
713 (16)(a) Notwithstanding the statutory capacity limits
714 established in s. 395.402(1), the provisions of subsection (8),
715 or any other provision of this act, an adult Level I trauma
716 center, an adult Level II trauma center, a Level II trauma
717 center with a pediatric trauma center, a jointly certified
718 pediatric trauma center, or a stand-alone pediatric trauma
719 center that was verified by the department before December 15,
720 2017, is deemed to have met the trauma center application and
721 operational requirements of this section and must be verified
722 and designated as a trauma center.
723 (b) Notwithstanding the statutory capacity limits
724 established in s. 395.402(1), the provisions of subsection (8),
725 or any other provision of this act, a trauma center that was not
726 verified by the department before December 15, 2017, but that
727 was provisionally approved by the department to be in
728 substantial compliance with Level II trauma standards before
729 January 1, 2017, and which is operating as a Level II trauma
730 center, is deemed to have met the application and operational
731 requirements of this section for a trauma center and must be
732 verified and designated as a Level II trauma center.
733 (c) Notwithstanding the statutory capacity limits
734 established in s. 395.402(1), the provisions of subsection (8),
735 or any other provision of this act, a trauma center that was not

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736 verified by the department before December 15, 2017, as a Level
737 I trauma center but that was provisionally approved by the
738 department to be in substantial compliance with Level I trauma
739 standards before January 1, 2017, and is operating as a Level I
740 trauma center is deemed to have met the application and
741 operational requirements of this section for a trauma center and
742 must be verified and designated as a Level I trauma center.
743 (d) Notwithstanding the statutory capacity limits
744 established in s. 395.402(1), the provisions of subsection (8),
745 or any other provision of this act, a trauma center that was not
746 verified by the department before December 15, 2017, as a
747 pediatric trauma center but was provisionally approved by the
748 department and found to be in substantial compliance with the
749 pediatric trauma standards established by rule before January 1,
750 2018, and is operating as a pediatric trauma center is deemed to
751 have met the application and operational requirements of this
752 section for a pediatric trauma center and, upon successful
753 completion of the in-depth and site review process, shall be
754 verified and designated as a pediatric trauma center.
755 Notwithstanding the provisions of subsection (8), no existing
756 trauma center in the same trauma service area or in a trauma
757 service area contiguous to the trauma service area where the
758 applicant is located may protest the in-depth review, site
759 survey, or verification decision of the department regarding an
760 applicant that meets the requirements of this paragraph.
761 (e) Notwithstanding the statutory capacity limits
762 established in s. 395.402(1) or any other provision of this act,
763 any hospital operating as a Level II trauma center after January
764 1, 2017, must be designated and verified by the department as a

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765 Level II trauma center if all of the following apply:
766 1. The hospital was provisionally approved after January 1,
767 2017, to operate as a Level II trauma center and was in
768 operation on or before June 1, 2017;
769 2. The department's decision to approve the hospital to
770 operate a provisional Level II trauma center was in litigation
771 on or before January 1, 2018;
772 3. The hospital receives a recommended order from the
773 Division of Administrative Hearings, a final order from the
774 department, or an order from a court of competent jurisdiction
775 which provides that it was entitled to be designated and
776 verified as a Level II trauma center; and
777 4. The department determines that the hospital is in
778 substantial compliance with the Level II trauma center
779 standards, including the in-depth and site reviews.
780
781 Any provisional trauma center operating under this paragraph may
782 not be required to cease trauma operations unless a court of
783 competent jurisdiction or the department determines that it has
784 failed to meet the trauma center standards, as established by
785 department rule.
786 (f) Notwithstanding the statutory capacity limits
787 established in s. 395.402(1), or any other provision of this
788 act, a joint pediatric trauma center involving a Level II trauma
789 center and a specialty licensed children's hospital which was
790 verified by the department before December 15, 2017, is deemed
791 to have met the application and operational requirements of this
792 section for a pediatric trauma center and shall be verified and
793 designated as a pediatric trauma center even if the joint

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794 program is dissolved upon the expiration of the existing
795 certificate and the pediatric trauma center continues operations
796 independently through the specialty licensed children's
797 hospital, provided that the pediatric trauma center meets all
798 requirements for verification by the department.
799 (g) Nothing in this subsection shall limit the department's
800 authority to review and approve trauma center applications.
801 Section 7. Section 395.403, Florida Statutes, is amended to
802 read:
803 395.403 Reimbursement of trauma centers.—
804 (1) All verified trauma centers shall be considered
805 eligible to receive state funding when state funds are
806 specifically appropriated for state-sponsored trauma centers in
807 the General Appropriations Act. Effective July 1, 2010, the
808 department shall make payments from the Emergency Medical
809 Services Trust Fund under s. 20.435 to the trauma centers.
810 Payments shall be in equal amounts for the trauma centers
811 approved by the department as of July 1 of the fiscal year in
812 which funding is appropriated. In the event a trauma center does
813 not maintain its status as a trauma center for any state fiscal
814 year in which such funding is appropriated, the trauma center
815 shall repay the state for the portion of the year during which
816 it was not a trauma center.
817 (2) Trauma centers eligible to receive distributions from
818 the Emergency Medical Services Trust Fund under s. 20.435 in
819 accordance with subsection (1) may request that such funds be
820 used as intergovernmental transfer funds in the Medicaid
821 program.
822 (3) In order to receive state funding, a hospital must

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823 ~~shall~~ be a verified trauma center and shall:
824 (a) Agree to conform to all departmental requirements as
825 provided by rule to assure high-quality trauma services.
826 (b) Agree to report trauma data to the National Trauma Data
827 Bank ~~provide information concerning the provision of trauma~~
828 ~~services to the department, in a form and manner prescribed by~~
829 ~~rule of the department~~.
830 (c) Agree to accept all trauma patients, regardless of
831 ability to pay, on a functional space-available basis.
832 (4) A trauma center that fails to comply with any of the
833 conditions listed in subsection (3) or the applicable rules of
834 the department may ~~shall~~ not receive payments under this section
835 for the period in which it was not in compliance.
836 Section 8. Section 395.4036, Florida Statutes, is amended
837 to read:
838 395.4036 Trauma payments.—
839 (1) Recognizing the Legislature’s stated intent to provide
840 financial support to the current verified trauma centers and to
841 provide incentives for the establishment of additional trauma
842 centers as part of a system of state-sponsored trauma centers,
843 the department shall use ~~utilize~~ funds collected under s. 318.18
844 and deposited into the Emergency Medical Services Trust Fund of
845 the department to ensure the availability and accessibility of
846 trauma services throughout the state as provided in this
847 subsection.
848 (a) Funds collected under s. 318.18(15) shall be
849 distributed as follows:
850 1. Twenty percent of the total funds collected during the
851 state fiscal year shall be distributed to verified trauma

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852 centers that have a local funding contribution as of December
853 31. Distribution of funds under this subparagraph shall be based
854 on trauma caseload volume for the most recent calendar year
855 available.
856 2. Forty percent of the total funds collected shall be
857 distributed to verified trauma centers based on trauma caseload
858 volume for the most recent calendar year available. The
859 determination of caseload volume for distribution of funds under
860 this subparagraph shall be based on the agency's hospital
861 discharge data reported by each trauma center pursuant to s.
862 408.061 and meeting the criteria for classification as a trauma
863 patient ~~department's Trauma Registry data~~.
864 3. Forty percent of the total funds collected shall be
865 distributed to verified trauma centers based on severity of
866 trauma patients for the most recent calendar year available. The
867 determination of severity for distribution of funds under this
868 subparagraph shall be based on the department's International
869 Classification Injury Severity Scores or another statistically
870 valid and scientifically accepted method of stratifying a trauma
871 patient's severity of injury, risk of mortality, and resource
872 consumption as adopted by the department by rule, weighted based
873 on the costs associated with and incurred by the trauma center
874 in treating trauma patients. The weighting of scores shall be
875 established by the department by rule.
876 (b) Funds collected under s. 318.18(5)(c) and (20) shall be
877 distributed as follows:
878 1. Thirty percent of the total funds collected shall be
879 distributed to Level II trauma centers operated by a public
880 hospital governed by an elected board of directors as of

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881 December 31, 2008.
882 2. Thirty-five percent of the total funds collected shall
883 be distributed to verified trauma centers based on trauma
884 caseload volume for the most recent calendar year available. The
885 determination of caseload volume for distribution of funds under
886 this subparagraph shall be based on the agency’s hospital
887 discharge data reported by each trauma center pursuant to s.
888 408.061 and meeting the criteria for classification as a trauma
889 patient ~~department’s Trauma Registry data~~.
890 3. Thirty-five percent of the total funds collected shall
891 be distributed to verified trauma centers based on severity of
892 trauma patients for the most recent calendar year available. The
893 determination of severity for distribution of funds under this
894 subparagraph shall be based on the department’s International
895 Classification Injury Severity Scores or another statistically
896 valid and scientifically accepted method of stratifying a trauma
897 patient’s severity of injury, risk of mortality, and resource
898 consumption as adopted by the department by rule, weighted based
899 on the costs associated with and incurred by the trauma center
900 in treating trauma patients. The weighting of scores shall be
901 established by the department by rule.
902 (2) Funds deposited in the department’s Emergency Medical
903 Services Trust Fund for verified trauma centers may be used to
904 maximize the receipt of federal funds that may be available for
905 such trauma centers. Notwithstanding this section and s. 318.14,
906 distributions to trauma centers may be adjusted in a manner to
907 ensure that total payments to trauma centers represent the same
908 proportional allocation as set forth in this section and s.
909 318.14. For purposes of this section and s. 318.14, total funds

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910 distributed to trauma centers may include revenue from the
911 Emergency Medical Services Trust Fund and federal funds for
912 which revenue from the Administrative Trust Fund is used to meet
913 state or local matching requirements. Funds collected under ss.
914 318.14 and 318.18 and deposited in the Emergency Medical
915 Services Trust Fund of the department shall be distributed to
916 trauma centers on a quarterly basis using the most recent
917 calendar year data available. Such data shall not be used for
918 more than four quarterly distributions unless there are
919 extenuating circumstances as determined by the department, in
920 which case the most recent calendar year data available shall
921 continue to be used and appropriate adjustments shall be made as
922 soon as the more recent data becomes available.
923 (3)(a) Any trauma center not subject to audit pursuant to
924 s. 215.97 shall annually attest, under penalties of perjury,
925 that such proceeds were used in compliance with law. The annual
926 attestation shall be made in a form and format determined by the
927 department. The annual attestation shall be submitted to the
928 department for review within 9 months after the end of the
929 organization's fiscal year.
930 (b) Any trauma center subject to audit pursuant to s.
931 215.97 shall submit an audit report in accordance with rules
932 adopted by the Auditor General.
933 (4) The department, working with the Agency for Health Care
934 Administration, shall maximize resources for trauma services
935 wherever possible.
936 Section 9. Section 395.404, Florida Statutes, is amended to
937 read:
938 395.404 Reporting ~~Review~~ of trauma ~~registry~~ data; report to

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939 National Trauma Data Bank ~~central registry; confidentiality and~~
940 ~~limited release~~.—
941 (1)~~(a)~~ Each trauma center shall participate in the National
942 Trauma Data Bank, and the department shall solely use the
943 National Trauma Data Bank for quality and assessment purposes.
944 (2) Each trauma center and acute care hospital shall report
945 to the department all transfers of trauma patients and the
946 outcomes of such patients ~~furnish, and, upon request of the~~
947 ~~department, all acute care hospitals shall furnish for~~
948 ~~department review trauma registry data as prescribed by rule of~~
949 ~~the department for the purpose of monitoring patient outcome and~~
950 ~~ensuring compliance with the standards of approval~~.
951 ~~(b) Trauma registry data obtained pursuant to this~~
952 ~~subsection are confidential and exempt from the provisions of s.~~
953 ~~119.07(1) and s. 24(a), Art. I of the State Constitution.~~
954 ~~However, the department may provide such trauma registry data to~~
955 ~~the person, trauma center, hospital, emergency medical service~~
956 ~~provider, local or regional trauma agency, medical examiner, or~~
957 ~~other entity from which the data were obtained. The department~~
958 ~~may also use or provide trauma registry data for purposes of~~
959 ~~research in accordance with the provisions of chapter 405.~~
960 (3)~~(2)~~ Each trauma center~~, pediatric trauma center,~~ and
961 acute care hospital shall report to the department’s brain and
962 spinal cord injury central registry, consistent with the
963 procedures and timeframes of s. 381.74, any person who has a
964 moderate-to-severe brain or spinal cord injury, and shall
965 include in the report the name, age, residence, and type of
966 disability of the individual and any additional information that
967 the department finds necessary.

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968 Section 10. Paragraph (k) of subsection (1) of section
969 395.401, Florida Statutes, is amended to read:
970 395.401 Trauma services system plans; approval of trauma
971 centers and pediatric trauma centers; procedures; renewal.—
972 (1)
973 (k) It is unlawful for any hospital or other facility to
974 hold itself out as a trauma center unless it has been so
975 verified or designated pursuant to s. 395.4025(15) ~~s.~~
976 ~~395.4025(14)~~.
977 Section 11. Paragraph (l) of subsection (3) of section
978 408.036, Florida Statutes, is amended to read:
979 408.036 Projects subject to review; exemptions.—
980 (3) EXEMPTIONS.—Upon request, the following projects are
981 subject to exemption from the provisions of subsection (1):
982 (l) For the establishment of:
983 1. A Level II neonatal intensive care unit with at least 10
984 beds, upon documentation to the agency that the applicant
985 hospital had a minimum of 1,500 births during the previous 12
986 months;
987 2. A Level III neonatal intensive care unit with at least
988 15 beds, upon documentation to the agency that the applicant
989 hospital has a Level II neonatal intensive care unit of at least
990 10 beds and had a minimum of 3,500 births during the previous 12
991 months; or
992 3. A Level III neonatal intensive care unit with at least 5
993 beds, upon documentation to the agency that the applicant
994 hospital is a verified trauma center pursuant to s. 395.4001(15)
995 ~~s. 395.4001(14)~~, and has a Level II neonatal intensive care
996 unit,

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997

998 if the applicant demonstrates that it meets the
999 requirements for quality of care, nurse staffing, physician
1000 staffing, physical plant, equipment, emergency transportation,
1001 and data reporting found in agency certificate-of-need rules for
1002 Level II and Level III neonatal intensive care units and if the
1003 applicant commits to the provision of services to Medicaid and
1004 charity patients at a level equal to or greater than the
1005 district average. Such a commitment is subject to s. 408.040.
1006 Section 12. Paragraph (a) of subsection (1) of section
1007 409.975, Florida Statutes, is amended to read:
1008 409.975 Managed care plan accountability.—In addition to
1009 the requirements of s. 409.967, plans and providers
1010 participating in the managed medical assistance program shall
1011 comply with the requirements of this section.
1012 (1) PROVIDER NETWORKS.—Managed care plans must develop and
1013 maintain provider networks that meet the medical needs of their
1014 enrollees in accordance with standards established pursuant to
1015 s. 409.967(2)(c). Except as provided in this section, managed
1016 care plans may limit the providers in their networks based on
1017 credentials, quality indicators, and price.
1018 (a) Plans must include all providers in the region that are
1019 classified by the agency as essential Medicaid providers, unless
1020 the agency approves, in writing, an alternative arrangement for
1021 securing the types of services offered by the essential
1022 providers. Providers are essential for serving Medicaid
1023 enrollees if they offer services that are not available from any
1024 other provider within a reasonable access standard, or if they
1025 provided a substantial share of the total units of a particular

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1026 service used by Medicaid patients within the region during the
1027 last 3 years and the combined capacity of other service
1028 providers in the region is insufficient to meet the total needs
1029 of the Medicaid patients. The agency may not classify physicians
1030 and other practitioners as essential providers. The agency, at a
1031 minimum, shall determine which providers in the following
1032 categories are essential Medicaid providers:
1033 1. Federally qualified health centers.
1034 2. Statutory teaching hospitals as defined in s.
1035 408.07(45).
1036 3. Hospitals that are trauma centers as defined in s.
1037 395.4001(15) ~~s. 395.4001(14)~~.
1038 4. Hospitals located at least 25 miles from any other
1039 hospital with similar services.
1040
1041 Managed care plans that have not contracted with all
1042 essential providers in the region as of the first date of
1043 recipient enrollment, or with whom an essential provider has
1044 terminated its contract, must negotiate in good faith with such
1045 essential providers for 1 year or until an agreement is reached,
1046 whichever is first. Payments for services rendered by a
1047 nonparticipating essential provider shall be made at the
1048 applicable Medicaid rate as of the first day of the contract
1049 between the agency and the plan. A rate schedule for all
1050 essential providers shall be attached to the contract between
1051 the agency and the plan. After 1 year, managed care plans that
1052 are unable to contract with essential providers shall notify the
1053 agency and propose an alternative arrangement for securing the
1054 essential services for Medicaid enrollees. The arrangement must

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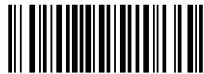
1055 rely on contracts with other participating providers, regardless
1056 of whether those providers are located within the same region as
1057 the nonparticipating essential service provider. If the
1058 alternative arrangement is approved by the agency, payments to
1059 nonparticipating essential providers after the date of the
1060 agency's approval shall equal 90 percent of the applicable
1061 Medicaid rate. Except for payment for emergency services, if the
1062 alternative arrangement is not approved by the agency, payment
1063 to nonparticipating essential providers shall equal 110 percent
1064 of the applicable Medicaid rate.
1065 Section 13. Study on pediatric trauma services; report.—
1066 (1) The Department of Health shall work with the Office of
1067 Program Policy Analysis and Government Accountability to study
1068 the department's licensure requirements, rules, regulations,
1069 standards, and guidelines for pediatric trauma services and
1070 compare them to the licensure requirements, rules, regulations,
1071 standards, and guidelines for verification of pediatric trauma
1072 services by the American College of Surgeons.
1073 (2) The Office of Program Policy Analysis and Government
1074 Accountability shall submit a report of the findings of the
1075 study to the Governor, the President of the Senate, the Speaker
1076 of the House of Representatives, and the Florida Trauma System
1077 Advisory Council established under s. 395.402, Florida Statutes,
1078 by December 31, 2018.
1079 (3) This section shall expire on January 31, 2019.
1080 Section 14. If the provisions of this act relating to s.
1081 395.4025(16), Florida Statutes, are held to be invalid or
1082 inoperative for any reason, the remaining provisions of this act
1083 shall be deemed to be void and of no effect, it being the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1084 legislative intent that this act as a whole would not have been
1085 adopted had any provision of the act not been included.
1086 Section 15. This act shall take effect upon becoming a law.
1087
1088 ================= T I T L E A M E N D M E N T ================
1089 And the title is amended as follows:
1090 Delete everything before the enacting clause
1091 and insert:
1092 A bill to be entitled
1093 An act relating to trauma services; amending ss.
1094 318.14, 318.18, and 318.21, F.S.; requiring that
1095 moneys received from specified penalties be allocated
1096 to certain trauma centers by a calculation that uses
1097 the Agency for Health Care Administration's hospital
1098 discharge data; amending s. 395.4001, F.S.; conforming
1099 cross-references; defining and redefining terms;
1100 amending s. 395.402, F.S.; revising legislative
1101 intent; revising the trauma service areas and
1102 provisions relating to the number and location of
1103 trauma centers; prohibiting the Department of Health
1104 from designating an existing Level II trauma center as
1105 a new pediatric trauma center or from designating an
1106 existing Level II trauma center as a Level I trauma
1107 center in a trauma service area that already has an
1108 existing Level I or pediatric trauma center;
1109 apportioning trauma centers within each trauma service
1110 area; requiring the department to establish the
1111 Florida Trauma System Advisory Council by a specified
1112 date; authorizing the council to submit certain

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1113 recommendations to the department; providing for the
1114 membership of the council; requiring the council to
1115 meet no later than a specified date and to meet at
1116 least quarterly; amending s. 395.4025, F.S.;
1117 conforming provisions to changes made by the act;
1118 requiring the department to periodically prepare an
1119 analysis of the state trauma system using the agency’s
1120 hospital discharge data and specified population data;
1121 specifying contents of the report; requiring the
1122 department to make available all data, formulas,
1123 methodologies, calculations, and risk adjustment tools
1124 used in preparing the data in the report; requiring
1125 the department to notify each acute care general
1126 hospital and local and regional trauma agency in a
1127 trauma service area that has an identified need for an
1128 additional trauma center that the department is
1129 accepting letters of intent; prohibiting the
1130 department from accepting a letter of intent and from
1131 approving an application for a trauma center if there
1132 is not statutory capacity for an additional trauma
1133 center; revising the department’s review process for
1134 hospitals seeking designation as a trauma center;
1135 authorizing the department to approve certain
1136 applications for designation as a trauma center if
1137 specified requirements are met; providing that a
1138 hospital applicant that meets such requirements must
1139 be ready to operate in compliance with specified
1140 trauma standards by a specified date; deleting a
1141 provision authorizing the department to grant a

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1142 hospital applicant an extension of time to meet
1143 certain standards and requirements; requiring the
1144 department to select one or more hospitals for
1145 approval to prepare to operate as a trauma center;
1146 providing selection requirements; prohibiting an
1147 applicant from operating as a provisional trauma
1148 center until the department has completed its review
1149 process and approved the application; requiring a
1150 specified review team to make onsite visits to newly
1151 operational trauma centers within a certain timeframe;
1152 requiring the department, based on recommendations
1153 from the review team, to designate a trauma center
1154 that is in compliance with specified requirements;
1155 deleting the date by which the department must select
1156 trauma centers; providing that only certain hospitals
1157 may protest a decision made by the department;
1158 providing that certain trauma centers that were
1159 verified by the department or determined by the
1160 department to be in substantial compliance with
1161 specified standards before specified dates are deemed
1162 to have met application and operational requirements;
1163 requiring the department to designate a certain
1164 provisionally approved Level II trauma center as a
1165 trauma center if certain criteria are met; prohibiting
1166 such designated trauma center from being required to
1167 cease trauma operations unless the department or a
1168 court determines that it has failed to meet certain
1169 standards; providing construction; amending ss.
1170 395.403 and 395.4036, F.S.; conforming provisions to

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1171 changes made by the act; amending s. 395.404, F.S.;
1172 requiring trauma centers to participate in the
1173 National Trauma Data Bank; requiring trauma centers
1174 and acute care hospitals to report trauma patient
1175 transfer and outcome data to the department; deleting
1176 provisions relating to the department review of trauma
1177 registry data; amending ss. 395.401, 408.036, and
1178 409.975; conforming cross-references; requiring the
1179 department to work with the Office of Program Policy
1180 Analysis and Government Accountability to study the
1181 department's licensure requirements, rules,
1182 regulations, standards, and guidelines for pediatric
1183 trauma services and compare them to those of the
1184 American College of Surgeons; requiring the office to
1185 submit a report of the findings of the study to the
1186 Governor, Legislature, and advisory council by a
1187 specified date; providing for the expiration of
1188 provisions relating to the study; providing for
1189 invalidity; providing an effective date.