

By Senator Young

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1 A bill to be entitled
2 An act relating to trauma services; amending s.
3 395.402, F.S.; revising the trauma service areas and
4 provisions relating to the number and location of
5 trauma centers; prohibiting the Department of Health
6 from designating an additional Level I trauma center
7 in a trauma service area where a Level I trauma center
8 currently exists, from designating an existing Level
9 II trauma center as a pediatric trauma center, and
10 from designating an existing Level II trauma center as
11 a Level I trauma center; reducing the total number of
12 trauma centers authorized in this state; apportioning
13 trauma centers within each trauma service area;
14 requiring the department to establish the Florida
15 Trauma System Advisory Council by a specified date;
16 requiring the council to review specified materials;
17 authorizing the council to submit certain
18 recommendations to the department; providing
19 membership of the council; requiring the council to
20 meet no later than a specified date and to meet
21 annually; requiring the council to submit by a
22 specified date, and biennially thereafter, a report to
23 the Legislature and the Governor which must assess
24 whether an increase in the number of trauma centers
25 within each trauma service area is recommended based
26 on certain factors; requiring the report to include
27 specified information; amending s. 395.4025, F.S.;
28 conforming provisions to changes made by the act;
29 requiring the department to select and designate

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30 certain hospitals as trauma centers based on statutory
31 capacity; prohibiting the department from accepting a
32 letter of intent or designating a trauma center unless
33 a specified number of patients have been served by an
34 existing Level I trauma center in the same or in a
35 contiguous trauma service area; revising the
36 department's review process for hospitals seeking
37 designation as a trauma center; providing that a
38 proposed trauma center must be ready to operate by a
39 specified date; requiring the department to select one
40 or more hospitals for approval to prepare to operate
41 as a trauma center; providing selection requirements;
42 prohibiting the applicant from operating as a trauma
43 center until a final evaluation has been completed by
44 the department; requiring a specified review team to
45 make onsite visits to all existing trauma centers
46 within a certain timeframe; authorizing the department
47 to designate a trauma center that is in compliance
48 with specified requirements; deleting a provision
49 authorizing an applicant to request an extension of
50 its provisional status; deleting the date by which the
51 department must select trauma centers; prohibiting an
52 applicant from operating as a trauma center unless it
53 has been designated and certain requirements are met;
54 providing that only certain hospitals may protest a
55 decision made by the department; providing that
56 certain trauma centers that were verified by the
57 department or determined by the department to be in
58 substantial compliance with specified standards are

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59 deemed to have met application and operational
60 requirements; requiring the department to designate a
61 certain provisionally approved Level II trauma center
62 as a trauma center if certain criteria are met;
63 amending s. 395.404, F.S.; requiring trauma centers to
64 participate in the National Trauma Data Bank;
65 requiring trauma centers and acute care hospitals to
66 report trauma patient transfer and outcome data to the
67 department; deleting provisions relating to the
68 department review of trauma registry data; providing
69 an effective date.

70

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

72

73 Section 1. Section 395.402, Florida Statutes, is amended to
74 read:

75 395.402 Trauma service areas; number and location of trauma
76 centers.—

77 (1) The Legislature recognizes the need for a statewide,
78 cohesive, uniform, and integrated trauma system. ~~Within the~~
79 ~~trauma service areas, Level I and Level II trauma centers shall~~
80 ~~each be capable of annually treating a minimum of 1,000 and 500~~
81 ~~patients, respectively, with an injury severity score (ISS) of 9~~
82 ~~or greater. Level II trauma centers in counties with a~~
83 ~~population of more than 500,000 shall have the capacity to care~~
84 ~~for 1,000 patients per year.~~

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

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88 ~~Governor, the President of the Senate, the Speaker of the House~~
89 ~~of Representatives, and the substantive legislative committees.~~
90 ~~The report shall be submitted by February 1, 2005. The~~
91 ~~department shall review the existing trauma system and determine~~
92 ~~whether it is effective in providing trauma care uniformly~~
93 ~~throughout the state. The assessment shall:~~

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

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

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

102 ~~(d) Consider including criteria within trauma center~~
103 ~~approval standards based upon the number of trauma victims~~
104 ~~served within a service area.~~

105 ~~(e) Review the Regional Domestic Security Task Force~~
106 ~~structure and determine whether integrating the trauma system~~
107 ~~planning with interagency regional emergency and disaster~~
108 ~~planning efforts is feasible and identify any duplication of~~
109 ~~efforts between the two entities.~~

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

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

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117 ~~served, and the amount of charity care provided.~~

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

120 ~~(a) The recommendations made as part of the regional trauma~~
121 ~~system plans submitted by regional trauma agencies.~~

122 ~~(b) Stakeholder recommendations.~~

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

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

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

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

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

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

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

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

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

138 ~~(4) Annually thereafter, the department shall review the~~
139 ~~assignment of the 67 counties to trauma service areas, in~~
140 ~~addition to the requirements of paragraphs (2) (b) (g) and~~
141 ~~subsection (3). County assignments are made for the purpose of~~
142 ~~developing a system of trauma centers. Revisions made by the~~
143 ~~department shall take into consideration the recommendations~~
144 ~~made as part of the regional trauma system plans approved by the~~
145 ~~department and the recommendations made as part of the state~~

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146 ~~trauma system plan. In cases where a trauma service area is~~
147 ~~located within the boundaries of more than one trauma region,~~
148 ~~the trauma service area's needs, response capability, and system~~
149 ~~requirements shall be considered by each trauma region served by~~
150 ~~that trauma service area in its regional system plan. Until the~~
151 ~~department completes the February 2005 assessment, the~~
152 ~~assignment of counties shall remain as established in this~~
153 ~~section.~~

154 (a) The following trauma service areas are hereby
155 established:

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

158 2. Trauma service area 2 shall consist of Bay, Gulf,
159 Holmes, and Washington Counties.

160 3. Trauma service area 3 shall consist of Calhoun,
161 Franklin, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison,
162 Taylor, and Wakulla Counties.

163 4. Trauma service area 4 shall consist of Alachua,
164 Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy,
165 Putnam, Suwannee, and Union Counties.

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

168 6. Trauma service area 6 shall consist of Citrus, Hernando,
169 and Marion Counties.

170 7. Trauma service area 7 shall consist of Flagler and
171 Volusia Counties.

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

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

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175 Pinellas Counties.

176 10. Trauma service area 10 shall consist of Hillsborough
177 County.

178 11. Trauma service area 11 shall consist of Hardee,
179 Highlands, and Polk Counties.

180 12. Trauma service area 12 shall consist of Brevard and
181 Indian River Counties.

182 13. Trauma service area 13 shall consist of Charlotte,
183 DeSoto, Manatee, and Sarasota Counties.

184 14. Trauma service area 14 shall consist of Martin,
185 Okeechobee, and St. Lucie Counties.

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

188 16. Trauma service area 16 shall consist of Palm Beach
189 County.

190 17. Trauma service area 17 shall consist of Broward ~~Collier~~
191 County.

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

193 ~~19. Trauma service area 19 shall consist of Miami-Dade and~~
194 ~~Monroe Counties.~~

195 (b) Each trauma service area must ~~should~~ have at least one
196 Level I or Level II trauma center. The department may not
197 designate an additional Level I trauma center in a trauma
198 service area in which a Level I trauma center currently exists.
199 The department may not designate an existing Level II trauma
200 center as a pediatric trauma center. The department may not
201 designate an existing Level II trauma center as a Level I trauma
202 center ~~The department shall allocate, by rule, the number of~~
203 ~~trauma centers needed for each trauma service area.~~

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204 (c) The total number of trauma centers in this state may
205 not exceed 35. Trauma centers shall be apportioned as follows:

206 1. Trauma service area 1 shall have three trauma centers.

207 2. Trauma service area 2 shall have one trauma center.

208 3. Trauma service area 3 shall have one trauma center.

209 4. Trauma service area 4 shall have one trauma center.

210 5. Trauma service area 5 shall have three trauma centers.

211 6. Trauma service area 6 shall have one trauma center.

212 7. Trauma service area 7 shall have one trauma center.

213 8. Trauma service area 8 shall have three trauma centers.

214 9. Trauma service area 9 shall have three trauma centers.

215 10. Trauma service area 10 shall have two trauma centers.

216 11. Trauma service area 11 shall have one trauma center.

217 12. Trauma service area 12 shall have one trauma center.

218 13. Trauma service area 13 shall have two trauma centers.

219 14. Trauma service area 14 shall have one trauma center.

220 15. Trauma service area 15 shall have one trauma center.

221 16. Trauma service area 16 shall have two trauma centers.

222 17. Trauma service area 17 shall have three trauma centers.

223 18. Trauma service area 18 shall have five trauma centers.

224 ~~There shall be no more than a total of 44 trauma centers in the~~
225 ~~state.~~

226 (2) (a) By October 1, 2018, the department shall establish
227 the Florida Trauma System Advisory Council to determine the need
228 for additional trauma centers. The advisory council shall review
229 and consider materials submitted by the department and
230 stakeholders, materials published by the American College of
231 Surgeons Committee on Trauma, and other relevant materials as
232 the council deems appropriate before issuing a recommendation.

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233 The advisory council may submit recommendations to the
234 department on the adequacy and continuing development of the
235 state's trauma system, including the demand for new trauma
236 centers.

237 (b)1. The advisory council shall consist of 15
238 representatives appointed by the Governor, including:

239 a. The State Surgeon General;

240 b. A representative from the Agency for Health Care
241 Administration;

242 c. A representative from an emergency medical services
243 organization;

244 d. A representative of a local or regional trauma agency;

245 e. A trauma program manager or trauma medical director
246 representing an investor-owned hospital with a trauma center;

247 f. A trauma program manager recommended by the Teaching
248 Hospital Council of Florida;

249 g. A representative of the Florida Hospital Association;

250 h. A trauma program manager or trauma medical director
251 representing a public hospital;

252 i. A trauma program manager or trauma medical director
253 representing a nonprofit hospital with a trauma center;

254 j. A trauma surgeon representing an investor-owned hospital
255 with a trauma center;

256 k. A trauma surgeon recommended by the Teaching Hospital
257 Council of Florida;

258 l. A trauma surgeon representing a not-for-profit hospital
259 with a trauma center;

260 m. A representative of the American College of Surgeons
261 Committee on Trauma;

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- 262 n. A representative of Associated Industries of Florida;
263 and
264 o. A representative of the Safety Net Hospital Alliance of
265 Florida.
- 266 2. No two representatives may be employed by the same
267 health care facility.
- 268 3. Each representative of the council shall be appointed to
269 a 3-year term; however, for the purpose of providing staggered
270 terms, of the initial appointments, 5 representatives shall be
271 appointed to 1-year terms, 5 representatives shall be appointed
272 to 2-year terms, and 5 representatives shall be appointed to 3-
273 year terms.
- 274 (3) The advisory council shall convene its first meeting no
275 later than January 5, 2019, and shall meet at least annually.
- 276 (4) (a) By January 5, 2020, and at least every 2 years
277 thereafter, the advisory council shall submit a report to the
278 Governor, the President of the Senate, and the Speaker of the
279 House of Representatives which assesses whether an increase in
280 the number of trauma centers within each trauma service area is
281 recommended based on all of the following factors:
- 282 1. Population changes within a trauma service area;
283 2. The impact of tourism on a trauma service area;
284 3. The number of patients with an injury severity score of
285 less than 0.9 who are treated in hospitals that are not trauma
286 centers;
- 287 4. Ground and air transport times to a trauma center within
288 each service area;
- 289 5. The number of patients treated in existing trauma
290 centers;

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- 291 6. The capacity of existing trauma centers to treat
292 additional trauma patients;
- 293 7. The potential financial impact on existing trauma
294 centers of the designation of additional trauma centers;
- 295 8. The financial impact on commercial and government payors
296 of health care insurance and on Florida taxpayers caused by the
297 designation of additional trauma centers;
- 298 9. A cost comparison of the charges of existing trauma
299 centers as contrasted with the charges of any prospective trauma
300 centers;
- 301 10. Any impacts on graduate medical education programs and
302 resident training for trauma and surgical specialties in the
303 state;
- 304 11. The negative impacts, if any, of the designation of new
305 trauma centers on the ability of existing centers to meet
306 standards established by the American College of Surgeons
307 Committee on Trauma;
- 308 12. A survey of literature relating to trauma center
309 allocation, including peer-reviewed and academic publications;
310 and
- 311 13. Any other factor the advisory council deems
312 appropriate.
- 313 (b) The report must state whether each Level I trauma
314 center within the trauma service areas is capable of annually
315 treating at least 1,000 patients with an injury severity score
316 of 9 or greater and whether each Level II trauma center is
317 capable of annually treating 500 patients with an injury
318 severity score of 9 or greater. The report must state whether
319 each Level II trauma center located in a county with a

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320 population greater than 500,000 has the capacity to care for at
321 least 1,000 patients per year.

322 Section 2. Subsections (1) through (7) of section 395.4025,
323 Florida Statutes, are amended, and subsection (15) is added to
324 that section, to read:

325 395.4025 Trauma centers; selection; quality assurance;
326 records.—

327 (1) For purposes of developing a system of trauma centers,
328 the department shall use the 18 ~~19~~ trauma service areas
329 established in s. 395.402. ~~Within each service area and based on~~
330 ~~the state trauma system plan, the local or regional trauma~~
331 ~~services system plan, and recommendations of the local or~~
332 ~~regional trauma agency, the department shall establish the~~
333 ~~approximate number of trauma centers needed to ensure reasonable~~
334 ~~access to high-quality trauma services.~~ The department shall
335 select those hospitals that are to be recognized as trauma
336 centers.

337 (2) (a) If there is statutory capacity for an additional
338 trauma center in accordance with s. 395.402(1), the department
339 shall ~~annually~~ notify each acute care general hospital and each
340 local and each regional trauma agency in the state that the
341 department is accepting letters of intent from hospitals that
342 are interested in becoming trauma centers. The department may
343 not accept a letter of intent from an applicant and may not
344 designate an applicant a trauma center if the applicant has
345 applied to locate the trauma center in a trauma service area
346 where the number of patients served by an existing Level I
347 trauma center in that area or in a contiguous trauma service
348 area fails to exceed 1,000 patients annually. In order to be

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349 considered by the department, a hospital that operates within
350 the geographic area of a local or regional trauma agency must
351 certify that its intent to operate as a trauma center is
352 consistent with the trauma services plan of the local or
353 regional trauma agency, as approved by the department, if such
354 agency exists. The department may accept a letter of intent only
355 if there is statutory capacity for an additional trauma center
356 in accordance with s. 395.402(1). Letters of intent must be
357 postmarked no later than midnight October 1.

358 (b) By October 15, the department shall send to all
359 hospitals that submitted a letter of intent an application
360 package that will provide the hospitals with instructions for
361 submitting information to the department for selection as a
362 trauma center. The standards for trauma centers provided for in
363 s. 395.401(2), as adopted by rule of the department, shall serve
364 as the basis for these instructions.

365 (c) In order to be considered by the department,
366 applications from those hospitals seeking selection as trauma
367 centers, including those current verified trauma centers that
368 seek a change or redesignation in approval status as a trauma
369 center, must be received by the department no later than the
370 close of business on April 1. The department shall conduct an
371 initial ~~a provisional~~ review of each application for the purpose
372 of determining that the hospital's application is complete and
373 that the hospital is capable of constructing and operating a
374 trauma center that includes ~~has~~ the critical elements required
375 for a trauma center. This critical review must ~~will~~ be based on
376 trauma center standards and must ~~shall~~ include, but need not be
377 limited to, a review as to ~~of~~ whether the hospital is prepared

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378 to attain and operate with all of the following components
379 before April 30 of the following year ~~has:~~

380 1. Equipment and physical facilities necessary to provide
381 trauma services.

382 2. Personnel in sufficient numbers and with proper
383 qualifications to provide trauma services.

384 3. An effective quality assurance process.

385 4. A submitted written confirmation by the local or
386 regional trauma agency that the hospital applying to become a
387 trauma center is consistent with the plan of the local or
388 regional trauma agency, as approved by the department, if such
389 agency exists.

390 ~~(d)1. If the department determines that the hospital is~~
391 ~~capable of attaining and operating with the components required~~
392 ~~in paragraph (c), the applicant must be ready to operate no~~
393 ~~later than April 30 of the following year. A hospital that fails~~
394 ~~to comply with this subsection may not be designated as a trauma~~
395 ~~center Notwithstanding other provisions in this section, the~~
396 ~~department may grant up to an additional 18 months to a hospital~~
397 ~~applicant that is unable to meet all requirements as provided in~~
398 ~~paragraph (c) at the time of application if the number of~~
399 ~~applicants in the service area in which the applicant is located~~
400 ~~is equal to or less than the service area allocation, as~~
401 ~~provided by rule of the department. An applicant that is granted~~
402 ~~additional time pursuant to this paragraph shall submit a plan~~
403 ~~for departmental approval which includes timelines and~~
404 ~~activities that the applicant proposes to complete in order to~~
405 ~~meet application requirements. Any applicant that demonstrates~~
406 ~~an ongoing effort to complete the activities within the~~

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407 ~~timelines outlined in the plan shall be included in the number~~
408 ~~of trauma centers at such time that the department has conducted~~
409 ~~a provisional review of the application and has determined that~~
410 ~~the application is complete and that the hospital has the~~
411 ~~critical elements required for a trauma center.~~

412 ~~2. Timeframes provided in subsections (1)–(8) shall be~~
413 ~~stayed until the department determines that the application is~~
414 ~~complete and that the hospital has the critical elements~~
415 ~~required for a trauma center.~~

416 (3) After April 30, the department shall select one or more
417 hospitals any hospital that submitted an application found
418 acceptable by the department based on initial provisional review
419 for approval to prepare shall be eligible to operate with the
420 components required in paragraph (2) (c). The number of
421 applicants selected is limited to available statutory capacity
422 in the specified trauma service area, as designated in s.
423 395.402(1). If the department receives more applications than
424 may be approved under the statutory capacity in the specified
425 trauma service area, the department must select the best
426 applicant or applicants from the available pool based on the
427 department's determination of the capability of an applicant to
428 provide the highest quality patient care using the most recent
429 technological, medical, and staffing resources available, as
430 well as any other criteria as determined by the department by
431 rule. The applicant may not operate as a provisional trauma
432 center until the final evaluation has been completed by the
433 department.

434 (4) Between May 1 and April 30 ~~October 1~~ of the following
435 ~~each~~ year, the department shall conduct an in-depth evaluation

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436 of all applications found acceptable in the initial ~~provisional~~
437 review. The applications shall be evaluated against criteria
438 enumerated in the application packages as provided to the
439 hospitals by the department.

440 (5) Between May 1 and April 30 ~~Beginning October 1 of each~~
441 ~~year and ending no later than June 1~~ of the following year, a
442 review team of out-of-state experts assembled by the department
443 shall make onsite visits to all existing ~~provisional~~ trauma
444 centers. The department shall develop a survey instrument to be
445 used by the expert team of reviewers. The instrument must ~~shall~~
446 include objective criteria and guidelines for reviewers based on
447 existing trauma center standards such that all trauma centers
448 are assessed equally. The survey instrument must ~~shall~~ also
449 include a uniform rating system that ~~will be used by~~ reviewers
450 must use to indicate the degree of compliance of each trauma
451 center with specific standards, and to indicate the quality of
452 care provided by each trauma center as determined through an
453 audit of patient charts. In addition, hospitals being considered
454 as proposed ~~provisional~~ trauma centers must ~~shall~~ meet all the
455 requirements of a trauma center and must ~~shall~~ be located in a
456 trauma service area that has a need for such a trauma center.

457 (6) Based on recommendations from the review team, the
458 department may designate a trauma center that is in compliance
459 with trauma center standards and with this section ~~shall select~~
460 ~~trauma centers by July 1. An applicant may not operate as a~~
461 trauma center unless it has been designated as a trauma center
462 and maintains compliance with the operating requirements listed
463 in paragraph (2)(c) ~~An applicant for designation as a trauma~~
464 ~~center may request an extension of its provisional status if it~~

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465 ~~submits a corrective action plan to the department. The~~
466 ~~corrective action plan must demonstrate the ability of the~~
467 ~~applicant to correct deficiencies noted during the applicant's~~
468 ~~onsite review conducted by the department between the previous~~
469 ~~October 1 and June 1. The department may extend the provisional~~
470 ~~status of an applicant for designation as a trauma center~~
471 ~~through December 31 if the applicant provides a corrective~~
472 ~~action plan acceptable to the department. The department or a~~
473 ~~team of out-of-state experts assembled by the department shall~~
474 ~~conduct an onsite visit on or before November 1 to confirm that~~
475 ~~the deficiencies have been corrected. The provisional trauma~~
476 ~~center is responsible for all costs associated with the onsite~~
477 ~~visit in a manner prescribed by rule of the department. By~~
478 ~~January 1, the department must approve or deny the application~~
479 ~~of any provisional applicant granted an extension. Each trauma~~
480 ~~center shall be granted a 7-year approval period during which~~
481 ~~time it must continue to maintain trauma center standards and~~
482 ~~acceptable patient outcomes as determined by department rule. An~~
483 ~~approval, unless sooner suspended or revoked, automatically~~
484 ~~expires 7 years after the date of issuance and is renewable upon~~
485 ~~application for renewal as prescribed by rule of the department.~~

486 (7) Only a Any hospital in the same trauma service area or
487 in a trauma service area contiguous that wishes to the trauma
488 service area where the applicant has applied to locate a trauma
489 center may protest a decision made by the department based on
490 the department's preliminary or in-depth review of applications
491 or on the recommendations of the site visit review team pursuant
492 to this section shall proceed as provided in chapter 120.

493 Hearings held under this subsection shall be conducted in the

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494 same manner as provided in ss. 120.569 and 120.57. Cases filed
495 under chapter 120 may combine all disputes between parties.

496 (15) (a) A trauma center that was verified by the department
497 before December 15, 2017, is deemed to have met the trauma
498 center application and operational requirements of this section.

499 (b) A trauma center that was not verified by the department
500 before December 15, 2017, but that was provisionally approved by
501 the department to be in substantial compliance with Level II
502 trauma standards before January 1, 2017, and is operating as a
503 Level II trauma center is deemed to have met the application and
504 operational requirements of this section for a trauma center.

505 (c) A trauma center that was not verified by the department
506 before December 15, 2017, as a Level I trauma center but that
507 was provisionally approved by the department as a Level I trauma
508 center in calendar year 2016 is deemed to have met the
509 application and operational requirements for a Level I trauma
510 center, if the trauma center complies with the American College
511 of Surgeons Committee on Trauma standards for adult Level I
512 trauma centers and does not treat pediatric trauma patients.

513 (d) A trauma center that was not verified by the department
514 before December 15, 2017, as a pediatric trauma center but that
515 was provisionally approved by the department to be in
516 substantial compliance with the pediatric trauma standards
517 established by rule before January 1, 2018, and is operating as
518 a pediatric trauma center is deemed to have met the application
519 and operational requirements of this section for a pediatric
520 trauma center.

521 (e) Notwithstanding the statutory capacity limits
522 established in s. 395.402(1), any hospital operating as a Level

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523 II trauma center after January 1, 2017, must be designated by
 524 the department as a Level II trauma center if all of the
 525 following apply:

526 1. The hospital was provisionally approved after January 1,
 527 2017, to operate as a Level II trauma center.

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

531 3. The hospital has received a final recommended order from
 532 the Division of Administrative Hearings, a final determination
 533 from the department, or an order from a court of competent
 534 jurisdiction that it was entitled to be designated as a Level II
 535 trauma center; and

536 4. The department determines that the hospital is in
 537 substantial compliance with the Level II trauma center
 538 standards.

539 Section 3. Section 395.404, Florida Statutes, is amended to
 540 read:

541 395.404 Review of trauma ~~registry~~ data; report to central
 542 registry; ~~confidentiality and limited release.-~~

543 (1)~~(a)~~ Each trauma center shall participate in the National
 544 Trauma Data Bank.

545 (2) Each trauma center and acute care hospital shall report
 546 to the department all transfers of trauma patients and the
 547 outcomes of such patients furnish, and, upon request of the
 548 department, all acute care hospitals shall furnish for
 549 department review trauma registry data as prescribed by rule of
 550 the department for the purpose of monitoring patient outcome and
 551 ensuring compliance with the standards of approval.

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552 ~~(b) Trauma registry data obtained pursuant to this~~
553 ~~subsection are confidential and exempt from the provisions of s.~~
554 ~~119.07(1) and s. 24(a), Art. I of the State Constitution.~~
555 ~~However, the department may provide such trauma registry data to~~
556 ~~the person, trauma center, hospital, emergency medical service~~
557 ~~provider, local or regional trauma agency, medical examiner, or~~
558 ~~other entity from which the data were obtained. The department~~
559 ~~may also use or provide trauma registry data for purposes of~~
560 ~~research in accordance with the provisions of chapter 405.~~

561 (3)(2) Each trauma center, ~~pediatric trauma center,~~ and
562 acute care hospital shall report to the department's brain and
563 spinal cord injury central registry, consistent with the
564 procedures and timeframes of s. 381.74, any person who has a
565 moderate-to-severe brain or spinal cord injury, and shall
566 include in the report the name, age, residence, and type of
567 disability of the individual and any additional information that
568 the department finds necessary.

569 Section 4. This act shall take effect upon becoming a law.