

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

576-03559-18

20181876c2

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

576-03559-18

20181876c2

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

576-03559-18

20181876c2

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

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

576-03559-18

20181876c2

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

99

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

101

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

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

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

576-03559-18

20181876c2

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

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

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

576-03559-18

20181876c2

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

149 (3)

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

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

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

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

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

576-03559-18

20181876c2

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

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

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

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

576-03559-18

20181876c2

204 read:

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

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

209 (8)~~(7)~~ "Level II trauma center" means a trauma center that:

210 (a) Is verified by the department to be in substantial
211 compliance with Level II trauma center standards and has been
212 approved by the department to operate as a Level II trauma
213 center or is designated pursuant to s. 395.4025(15) ~~s.~~
214 ~~395.4025(14)~~.

215 (14)~~(13)~~ "Trauma caseload volume" means the number of
216 trauma patients calculated by the department using the data
217 reported by each designated trauma center to the hospital
218 discharge database maintained by the agency pursuant to s.
219 408.061 reported by individual trauma centers to the Trauma
220 Registry and validated by the department.

221 (15)~~(14)~~ "Trauma center" means a hospital that has been
222 verified by the department to be in substantial compliance with
223 the requirements in s. 395.4025 and has been approved by the
224 department to operate as a Level I trauma center, Level II
225 trauma center, or pediatric trauma center, or is designated by
226 the department as a Level II trauma center pursuant to s.
227 395.4025(15) ~~s. 395.4025(14)~~.

228 Section 5. Section 395.402, Florida Statutes, is amended to
229 read:

230 395.402 Trauma service areas; number and location of trauma
231 centers.—

232 (1) The Legislature recognizes the need for a statewide,

576-03559-18

20181876c2

233 cohesive, uniform, and integrated trauma system, as well as the
234 need to ensure the viability of existing trauma centers when
235 designating new trauma centers. Consistent with national
236 standards, future trauma center designations must be based on
237 need as a factor of demand and capacity. Within the trauma
238 service areas, Level I and Level II trauma centers shall each be
239 capable of annually treating a minimum of 1,000 and 500
240 patients, respectively, with an injury severity score (ISS) of 9
241 or greater. Level II trauma centers in counties with a
242 population of more than 500,000 shall have the capacity to care
243 for 1,000 patients per year.

244 ~~(2) Trauma service areas as defined in this section are to~~
245 ~~be utilized until the Department of Health completes an~~
246 ~~assessment of the trauma system and reports its finding to the~~
247 ~~Governor, the President of the Senate, the Speaker of the House~~
248 ~~of Representatives, and the substantive legislative committees.~~
249 ~~The report shall be submitted by February 1, 2005. The~~
250 ~~department shall review the existing trauma system and determine~~
251 ~~whether it is effective in providing trauma care uniformly~~
252 ~~throughout the state. The assessment shall:~~

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

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

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

261 ~~(d) Consider including criteria within trauma center~~

576-03559-18

20181876c2

262 ~~approval standards based upon the number of trauma victims~~
263 ~~served within a service area.~~

264 ~~(e) Review the Regional Domestic Security Task Force~~
265 ~~structure and determine whether integrating the trauma system~~
266 ~~planning with interagency regional emergency and disaster~~
267 ~~planning efforts is feasible and identify any duplication of~~
268 ~~efforts between the two entities.~~

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

271 ~~(g) Make recommendations regarding a formula for the~~
272 ~~distribution of funds identified for trauma centers which shall~~
273 ~~address incentives for new centers where needed and the need to~~
274 ~~maintain effective trauma care in areas served by existing~~
275 ~~centers, with consideration for the volume of trauma patients~~
276 ~~served, and the amount of charity care provided.~~

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

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

281 ~~(b) Stakeholder recommendations.~~

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

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

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

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

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

576-03559-18

20181876c2

- 291 ~~(h) Medically appropriate ground and air travel times.~~
- 292 ~~(i) Recommendations of the Regional Domestic Security Task~~
- 293 ~~Force.~~
- 294 ~~(j) The actual number of trauma victims currently being~~
- 295 ~~served by each trauma center.~~
- 296 ~~(k) Other appropriate criteria.~~
- 297 ~~(4) Annually thereafter, the department shall review the~~
- 298 ~~assignment of the 67 counties to trauma service areas, in~~
- 299 ~~addition to the requirements of paragraphs (2) (b) (g) and~~
- 300 ~~subsection (3). County assignments are made for the purpose of~~
- 301 ~~developing a system of trauma centers. Revisions made by the~~
- 302 ~~department shall take into consideration the recommendations~~
- 303 ~~made as part of the regional trauma system plans approved by the~~
- 304 ~~department and the recommendations made as part of the state~~
- 305 ~~trauma system plan. In cases where a trauma service area is~~
- 306 ~~located within the boundaries of more than one trauma region,~~
- 307 ~~the trauma service area's needs, response capability, and system~~
- 308 ~~requirements shall be considered by each trauma region served by~~
- 309 ~~that trauma service area in its regional system plan. Until the~~
- 310 ~~department completes the February 2005 assessment, the~~
- 311 ~~assignment of counties shall remain as established in this~~
- 312 ~~section.~~
- 313 (a) The following trauma service areas are ~~hereby~~
- 314 established:
- 315 1. Trauma service area 1 shall consist of Escambia,
- 316 Okaloosa, Santa Rosa, and Walton Counties.
- 317 2. Trauma service area 2 shall consist of Bay, Gulf,
- 318 Holmes, and Washington Counties.
- 319 3. Trauma service area 3 shall consist of Calhoun,

576-03559-18

20181876c2

320 Franklin, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison,
321 Taylor, and Wakulla Counties.

322 4. Trauma service area 4 shall consist of Alachua,
323 Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy,
324 Putnam, Suwannee, and Union Counties.

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

327 6. Trauma service area 6 shall consist of Citrus, Hernando,
328 and Marion Counties.

329 7. Trauma service area 7 shall consist of Flagler and
330 Volusia Counties.

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

333 9. Trauma service area 9 shall consist of Pasco and
334 Pinellas Counties.

335 10. Trauma service area 10 shall consist of Hillsborough
336 County.

337 11. Trauma service area 11 shall consist of Hardee,
338 Highlands, and Polk Counties.

339 12. Trauma service area 12 shall consist of Brevard and
340 Indian River Counties.

341 13. Trauma service area 13 shall consist of DeSoto,
342 Manatee, and Sarasota Counties.

343 14. Trauma service area 14 shall consist of Martin,
344 Okeechobee, and St. Lucie Counties.

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

347 16. Trauma service area 16 shall consist of Palm Beach
348 County.

576-03559-18

20181876c2

349 17. Trauma service area 17 shall consist of Broward ~~Collier~~
350 County.

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

352 ~~19. Trauma service area 19 shall consist of~~ Miami-Dade and
353 Monroe Counties.

354 (b) Each trauma service area must ~~should~~ have at least one
355 Level I or Level II trauma center. Except as otherwise provided
356 in s. 395.4025(16), the department may not designate an existing
357 Level II trauma center as a new pediatric trauma center or
358 designate an existing Level II trauma center as a Level I trauma
359 center in a trauma service area that already has an existing
360 Level I or pediatric trauma center ~~The department shall~~
361 ~~allocate, by rule, the number of trauma centers needed for each~~
362 ~~trauma service area.~~

363 (c) Trauma centers, including Level I, Level II, Level II
364 with a pediatric trauma center, jointly certified pediatric
365 trauma centers, and stand-alone pediatric trauma centers, shall
366 be apportioned as follows:

- 367 1. Trauma service area 1 shall have three trauma centers.
- 368 2. Trauma service area 2 shall have one trauma center.
- 369 3. Trauma service area 3 shall have one trauma center.
- 370 4. Trauma service area 4 shall have one trauma center.
- 371 5. Trauma service area 5 shall have three trauma centers.
- 372 6. Trauma service area 6 shall have one trauma center.
- 373 7. Trauma service area 7 shall have one trauma center.
- 374 8. Trauma service area 8 shall have three trauma centers.
- 375 9. Trauma service area 9 shall have three trauma centers.
- 376 10. Trauma service area 10 shall have two trauma centers.
- 377 11. Trauma service area 11 shall have one trauma center.

576-03559-18

20181876c2

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

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

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

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

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

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

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

385
386 Notwithstanding other provisions of this chapter, a trauma
387 service area may not have more than a total of five Level I,
388 Level II, Level II with a pediatric trauma center, jointly
389 certified pediatric trauma centers, and stand-alone pediatric
390 trauma centers. A trauma service area may not have more than one
391 stand-alone pediatric trauma center ~~There shall be no more than~~
392 ~~a total of 44 trauma centers in the state.~~

393 (2) (a) By October 1, 2018, the department shall establish
394 the Florida Trauma System Advisory Council to promote an
395 inclusive trauma system and enhance cooperation among trauma
396 system stakeholders. The advisory council may submit
397 recommendations to the department on how to maximize existing
398 trauma center, emergency department, and emergency medical
399 services infrastructure and personnel to achieve the statutory
400 goal of developing an inclusive trauma system.

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

403 a. The State Trauma Medical Director;

404 b. A standing member of the Emergency Medical Services
405 Advisory Council;

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

576-03559-18

20181876c2

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

410 e. A trauma program manager or trauma medical director
411 actively working in a trauma center who represents a nonprofit
412 or public hospital with a trauma center;

413 f. A trauma surgeon who is board-certified in an
414 appropriate trauma or critical care specialty and who is
415 actively practicing medicine in a Level II trauma center who
416 represents an investor-owned hospital with a trauma center;

417 g. A trauma surgeon who is board-certified in an
418 appropriate trauma or critical care specialty and actively
419 practicing medicine who represents a nonprofit or public
420 hospital with a trauma center;

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

423 i. A representative of the Safety Net Hospital Alliance of
424 Florida;

425 j. A representative of the Florida Hospital Association;

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

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

431 2. No two members may be employed by the same health care
432 facility.

433 3. Each council member shall be appointed to a 3-year term;
434 however, for the purpose of providing staggered terms, of the
435 initial appointments, four members shall be appointed to 1-year

576-03559-18

20181876c2

436 terms, four members shall be appointed to 2-year terms, and four
437 members shall be appointed to 3-year terms.

438 (c) The department shall use existing and available
439 resources to administer and support the activities of the
440 advisory council. Members of the advisory council shall serve
441 without compensation and are not entitled to reimbursement for
442 per diem or travel expenses.

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

445 Section 6. Section 395.4025, Florida Statutes, is amended
446 to read:

447 395.4025 Trauma centers; selection; quality assurance;
448 records.—

449 (1) For purposes of developing a system of trauma centers,
450 the department shall use the 18 ~~19~~ trauma service areas
451 established in s. 395.402. ~~Within each service area and based on~~
452 ~~the state trauma system plan, the local or regional trauma~~
453 ~~services system plan, and recommendations of the local or~~
454 ~~regional trauma agency, the department shall establish the~~
455 ~~approximate number of trauma centers needed to ensure reasonable~~
456 ~~access to high-quality trauma services.~~ The department shall
457 designate ~~select~~ those hospitals that are to be recognized as
458 trauma centers.

459 (2) (a) The department shall prepare an analysis of the
460 Florida trauma system by August 31, 2020, and every 3 years
461 thereafter, using the agency's hospital discharge database
462 described in s. 408.061 for the current year and the most recent
463 5 years of population data for Florida available from the
464 American Community Survey 5-Year Estimates by the United States

576-03559-18

20181876c2

465 Census Bureau. The department's report must, at a minimum,
466 include all of the following:

467 1. The population growth for each trauma service area and
468 for this state;

469 2. The number of high-risk patients treated at each trauma
470 center within each trauma service area, including pediatric
471 trauma centers;

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

475 4. The percentage of each trauma center's sufficient volume
476 of trauma patients, as described in subparagraph (3) (d)2., in
477 accordance with the International Classification Injury Severity
478 Score for the trauma center's designation, inclusive of the
479 additional caseload volume required for those trauma centers
480 with graduate medical education programs.

481 (b) The department shall make available all data, formulas,
482 methodologies, calculations, and risk adjustment tools used in
483 preparing the report.

484 (3) (a) ~~(2) (a)~~ The department shall annually notify each
485 acute care general hospital and each local and each regional
486 trauma agency in a trauma service area with an identified need
487 for an additional trauma center ~~the state~~ that the department is
488 accepting letters of intent from hospitals that are interested
489 in becoming trauma centers. The department may accept a letter
490 of intent only if there is statutory capacity for an additional
491 trauma center in accordance with subsection (2), paragraph (d),
492 and s. 395.402 ~~In order to be considered by the department, a~~
493 hospital that operates within the geographic area of a local or

576-03559-18

20181876c2

494 ~~regional trauma agency must certify that its intent to operate~~
495 ~~as a trauma center is consistent with the trauma services plan~~
496 ~~of the local or regional trauma agency, as approved by the~~
497 ~~department, if such agency exists.~~ Letters of intent must be
498 postmarked no later than midnight October 1 of the year in which
499 the department notifies hospitals that it plans to accept
500 letters of intent.

501 (b) By October 15, the department shall send to all
502 hospitals that submitted a letter of intent an application
503 package that will provide the hospitals with instructions for
504 submitting information to the department for selection as a
505 trauma center. The standards for trauma centers provided for in
506 s. 395.401(2), as adopted by rule of the department, shall serve
507 as the basis for these instructions.

508 (c) In order to be considered by the department,
509 applications from those hospitals seeking selection as trauma
510 centers, including those current verified trauma centers that
511 seek a change or redesignation in approval status as a trauma
512 center, must be received by the department no later than the
513 close of business on April 1 of the year following submission of
514 the letter of intent. The department shall conduct an initial a
515 ~~provisional~~ review of each application for the purpose of
516 determining whether ~~that~~ the hospital's application is complete
517 and whether ~~that~~ the hospital is capable of constructing and
518 operating a trauma center that includes ~~has~~ the critical
519 elements required for a trauma center. This critical review must
520 ~~will~~ be based on trauma center standards and must ~~shall~~ include,
521 but need not be limited to, a review as to ~~of~~ whether the
522 hospital is prepared to attain and operate with all of the

576-03559-18

20181876c2

523 following components before April 30 of the following year has:

524 1. Equipment and physical facilities necessary to provide
525 trauma services.

526 2. Personnel in sufficient numbers and with proper
527 qualifications to provide trauma services.

528 3. An effective quality assurance process.

529 ~~4. Submitted written confirmation by the local or regional~~
530 ~~trauma agency that the hospital applying to become a trauma~~
531 ~~center is consistent with the plan of the local or regional~~
532 ~~trauma agency, as approved by the department, if such agency~~
533 ~~exists.~~

534 (d)1. Except as otherwise provided in this section, the
535 department may not approve an application for a Level I, a Level
536 II, a Level II with a pediatric trauma center, a jointly
537 certified pediatric trauma center, or a stand-alone pediatric
538 trauma center if approval of the application would exceed the
539 limits on the numbers of Level I, Level II, Level II with a
540 pediatric trauma center, jointly certified pediatric trauma
541 centers, or stand-alone pediatric trauma centers established in
542 s. 395.402(1). However, the department shall review and may
543 approve an application for a trauma center when approval of the
544 application would result in a number of trauma centers which
545 exceeds the limit on the numbers of trauma centers in a trauma
546 service area imposed in s. 395.402(1), if, using the analysis
547 performed by the department as required in paragraph (2)(a), the
548 applicant demonstrates and the department determines that:

549 1. The existing trauma center actual caseload volume of
550 high-risk patients exceeds the minimum caseload volume
551 capabilities, inclusive of the additional caseload volume for

576-03559-18

20181876c2

552 graduate medical education critical care and trauma surgical
553 subspecialty residents or fellows by more than two times the
554 statutory minimums listed in sub-subparagraphs 2.a.-d. or three
555 times the statutory minimum listed in sub-subparagraph 2.e., and
556 the population growth for the trauma service area exceeds the
557 statewide population growth by more than 15 percent based on the
558 American Community Survey 5-Year Estimates by the United States
559 Census Bureau for the 5-year period before the date the
560 applicant files its letter of intent; and

561 2. A sufficient caseload volume of potential trauma
562 patients exists within the trauma service area to ensure that
563 existing trauma centers caseload volumes are at the following
564 levels:

565 a. For Level I trauma centers in trauma service areas with
566 a population of greater than 1.5 million, a minimum caseload
567 volume of the greater of 1,200 high-risk patients admitted or
568 greater per year or, for a trauma center with a trauma or
569 critical care residency or fellowship program, 1,200 high-risk
570 patients admitted plus 40 cases per year for each accredited
571 critical care and trauma surgical subspecialty medical resident
572 or fellow.

573 b. For Level I trauma centers in trauma service areas with
574 a population of less than 1.5 million, a minimum caseload volume
575 of the greater of 1,000 high-risk patients admitted per year or,
576 for a trauma center with a critical care or trauma residency or
577 fellowship program, 1,000 high-risk patients admitted plus 40
578 cases per year for each accredited critical care and trauma
579 surgical subspecialty medical resident or fellow.

580 c. For Level II trauma centers and Level II trauma centers

576-03559-18

20181876c2

581 with a pediatric trauma center in trauma service areas with a
582 population of greater than 1.25 million, a minimum caseload
583 volume of the greater of 1,000 high-risk patients admitted or
584 for a trauma center with a critical care or trauma residency or
585 fellowship program, 1,000 high-risk patients admitted plus 40
586 cases per year for each accredited critical care and trauma
587 surgical subspecialty medical resident or fellow.

588 d. For Level II trauma centers and Level II trauma centers
589 with a pediatric trauma center in trauma service areas with a
590 population of less than 1.25 million, a minimum caseload volume
591 of the greater of 500 high-risk patients admitted per year or
592 for a trauma center with a critical care or trauma residency or
593 fellowship program, 500 high-risk patients admitted plus 40
594 cases per year for each accredited critical care and trauma
595 surgical subspecialty medical resident or fellow.

596 e. For pediatric trauma centers, a minimum caseload volume
597 of the greater of 500 high-risk admitted patients per year or
598 for a trauma center with a critical care or trauma residency or
599 fellowship program, 500 high-risk admitted patients per year
600 plus 40 cases per year for each accredited critical care and
601 trauma surgical subspecialty medical resident or fellow.

602
603 The International Classification Injury Severity Score
604 calculations and caseload volume must be calculated using the
605 most recent available hospital discharge data collected by the
606 agency from all acute care hospitals pursuant to s. 408.061. The
607 agency, in consultation with the department, shall adopt rules
608 for trauma centers and acute care hospitals for the submission
609 of data required for the department to perform its duties under

576-03559-18

20181876c2

610 this chapter.

611 (e) If the department determines that the hospital is
612 capable of attaining and operating with the components required
613 by paragraph (c), the applicant must be ready to operate in
614 compliance with Florida trauma center standards no later than
615 April 30 of the year following the department's initial review
616 and approval of the hospital's application to proceed with
617 preparation to operate as a trauma center. A hospital that fails
618 to comply with this subsection may not be designated as a trauma
619 center ~~Notwithstanding other provisions in this section, the~~
620 ~~department may grant up to an additional 18 months to a hospital~~
621 ~~applicant that is unable to meet all requirements as provided in~~
622 ~~paragraph (c) at the time of application if the number of~~
623 ~~applicants in the service area in which the applicant is located~~
624 ~~is equal to or less than the service area allocation, as~~
625 ~~provided by rule of the department. An applicant that is granted~~
626 ~~additional time pursuant to this paragraph shall submit a plan~~
627 ~~for departmental approval which includes timelines and~~
628 ~~activities that the applicant proposes to complete in order to~~
629 ~~meet application requirements. Any applicant that demonstrates~~
630 ~~an ongoing effort to complete the activities within the~~
631 ~~timelines outlined in the plan shall be included in the number~~
632 ~~of trauma centers at such time that the department has conducted~~
633 ~~a provisional review of the application and has determined that~~
634 ~~the application is complete and that the hospital has the~~
635 ~~critical elements required for a trauma center.~~

636 ~~2. Timeframes provided in subsections (1)–(8) shall be~~
637 ~~stayed until the department determines that the application is~~
638 ~~complete and that the hospital has the critical elements~~

576-03559-18

20181876c2

639 ~~required for a trauma center.~~

640 (4)(3) By May 1, the department shall select one or more
641 hospitals After April 30, any hospital that submitted an
642 application found acceptable by the department based on initial
643 provisional review for approval to prepare shall be eligible to
644 operate with the components required by paragraph (3)(c). If the
645 department receives more applications than may be approved, the
646 department must select the best applicant or applicants from the
647 available pool based on the department's determination of the
648 capability of an applicant to provide the highest quality
649 patient care using the most recent technological, medical, and
650 staffing resources available, which is located the farthest away
651 from an existing trauma center in the applicant's trauma service
652 area to maximize access. The number of applicants selected is
653 limited to available statutory need in the specified trauma
654 service area, as designated in paragraph (3)(d) or s. 395.402(1)
655 as a provisional trauma center.

656 (5)(4) Following the initial review, Between May 1 and
657 October 1 of each year, the department shall conduct an in-depth
658 evaluation of all applications found acceptable in the initial
659 provisional review. The applications shall be evaluated against
660 criteria enumerated in the application packages as provided to
661 the hospitals by the department. An applicant may not operate as
662 a provisional trauma center until the department completes the
663 initial and in-depth review and approves the application.

664 (6)(5) Within Beginning October 1 of each year and ending
665 no later than June 1 of the following year after the hospital
666 begins operating as a provisional trauma center, a review team
667 of out-of-state experts assembled by the department shall make

576-03559-18

20181876c2

668 onsite visits to all provisional trauma centers. The department
669 shall develop a survey instrument to be used by the expert team
670 of reviewers. The instrument must ~~shall~~ include objective
671 criteria and guidelines for reviewers based on existing trauma
672 center standards such that all trauma centers are assessed
673 equally. The survey instrument must ~~shall~~ also include a uniform
674 rating system that ~~will be used by~~ reviewers must use to
675 indicate the degree of compliance of each trauma center with
676 specific standards, and to indicate the quality of care provided
677 by each trauma center as determined through an audit of patient
678 charts. In addition, hospitals being considered as provisional
679 trauma centers must ~~shall~~ meet all the requirements of a trauma
680 center and must ~~shall~~ be located in a trauma service area that
681 has a need for such a trauma center.

682 (7) ~~(6)~~ Based on recommendations from the review team, the
683 department shall approve for designation a trauma center that is
684 in compliance with trauma center standards, as established by
685 department rule, and with this section shall select trauma
686 centers by July 1. An applicant for designation as a trauma
687 center may request an extension of its provisional status if it
688 submits a corrective action plan to the department. The
689 corrective action plan must demonstrate the ability of the
690 applicant to correct deficiencies noted during the applicant's
691 onsite review conducted by the department between the previous
692 October 1 and June 1. The department may extend the provisional
693 status of an applicant for designation as a trauma center
694 through December 31 if the applicant provides a corrective
695 action plan acceptable to the department. The department or a
696 team of out-of-state experts assembled by the department shall

576-03559-18

20181876c2

697 ~~conduct an onsite visit on or before November 1 to confirm that~~
698 ~~the deficiencies have been corrected. The provisional trauma~~
699 ~~center is responsible for all costs associated with the onsite~~
700 ~~visit in a manner prescribed by rule of the department. By~~
701 ~~January 1, the department must approve or deny the application~~
702 ~~of any provisional applicant granted an extension. Each trauma~~
703 center shall be granted a 7-year approval period during which
704 time it must continue to maintain trauma center standards and
705 acceptable patient outcomes as determined by department rule. An
706 approval, unless sooner suspended or revoked, automatically
707 expires 7 years after the date of issuance and is renewable upon
708 application for renewal as prescribed by rule of the department.

709 (8)-(7) Only an applicant, or hospital with an existing
710 trauma center in the same trauma service area or in a trauma
711 service area contiguous to the trauma service area where the
712 applicant has applied to operate a trauma center, may protest a
713 decision made by the department with regard to whether the
714 application should be approved, or whether need has been
715 established through the criteria established in paragraph (3)(d)
716 ~~Any hospital that wishes to protest a decision made by the~~
717 ~~department based on the department's preliminary or in-depth~~
718 ~~review of applications or on the recommendations of the site~~
719 ~~visit review team pursuant to this section shall proceed as~~
720 ~~provided in chapter 120. Hearings held under this subsection~~
721 shall be conducted in the same manner as provided in ss. 120.569
722 and 120.57. Cases filed under chapter 120 may combine all
723 disputes between parties.

724 (9)-(8) Notwithstanding any provision of chapter 381, a
725 hospital licensed under ss. 395.001-395.3025 that operates a

576-03559-18

20181876c2

726 trauma center may not terminate or substantially reduce the
727 availability of trauma service without providing at least 180
728 days' notice of its intent to terminate such service. Such
729 notice shall be given to the department, to all affected local
730 or regional trauma agencies, and to all trauma centers,
731 hospitals, and emergency medical service providers in the trauma
732 service area. The department shall adopt by rule the procedures
733 and process for notification, duration, and explanation of the
734 termination of trauma services.

735 (10)~~(9)~~ Except as otherwise provided in this subsection,
736 the department or its agent may collect trauma care and registry
737 data, as prescribed by rule of the department, from trauma
738 centers, hospitals, emergency medical service providers, local
739 or regional trauma agencies, or medical examiners for the
740 purposes of evaluating trauma system effectiveness, ensuring
741 compliance with the standards, and monitoring patient outcomes.
742 A trauma center, hospital, emergency medical service provider,
743 medical examiner, or local trauma agency or regional trauma
744 agency, or a panel or committee assembled by such an agency
745 under s. 395.50(1) may, but is not required to, disclose to the
746 department patient care quality assurance proceedings, records,
747 or reports. However, the department may require a local trauma
748 agency or a regional trauma agency, or a panel or committee
749 assembled by such an agency to disclose to the department
750 patient care quality assurance proceedings, records, or reports
751 that the department needs solely to conduct quality assurance
752 activities under s. 395.4015, or to ensure compliance with the
753 quality assurance component of the trauma agency's plan approved
754 under s. 395.401. The patient care quality assurance

576-03559-18

20181876c2

755 proceedings, records, or reports that the department may require
756 for these purposes include, but are not limited to, the
757 structure, processes, and procedures of the agency's quality
758 assurance activities, and any recommendation for improving or
759 modifying the overall trauma system, if the identity of a trauma
760 center, hospital, emergency medical service provider, medical
761 examiner, or an individual who provides trauma services is not
762 disclosed.

763 (11)~~(10)~~ Out-of-state experts assembled by the department
764 to conduct onsite visits are agents of the department for the
765 purposes of s. 395.3025. An out-of-state expert who acts as an
766 agent of the department under this subsection is not liable for
767 any civil damages as a result of actions taken by him or her,
768 unless he or she is found to be operating outside the scope of
769 the authority and responsibility assigned by the department.

770 (12)~~(11)~~ Onsite visits by the department or its agent may
771 be conducted at any reasonable time and may include but not be
772 limited to a review of records in the possession of trauma
773 centers, hospitals, emergency medical service providers, local
774 or regional trauma agencies, or medical examiners regarding the
775 care, transport, treatment, or examination of trauma patients.

776 (13)~~(12)~~ Patient care, transport, or treatment records or
777 reports, or patient care quality assurance proceedings, records,
778 or reports obtained or made pursuant to this section, s.
779 395.3025(4)(f), s. 395.401, s. 395.4015, s. 395.402, s. 395.403,
780 s. 395.404, s. 395.4045, s. 395.405, s. 395.50, or s. 395.51
781 must be held confidential by the department or its agent and are
782 exempt from the provisions of s. 119.07(1). Patient care quality
783 assurance proceedings, records, or reports obtained or made

576-03559-18

20181876c2

784 pursuant to these sections are not subject to discovery or
785 introduction into evidence in any civil or administrative
786 action.

787 (14)~~(13)~~ The department may adopt, by rule, the procedures
788 and process by which it will select trauma centers. Such
789 procedures and process must be used in ~~annually~~ selecting trauma
790 centers and must be consistent with subsections (1)-(9) ~~(1)-(8)~~
791 except in those situations in which it is in the best interest
792 of, and mutually agreed to by, all applicants within a service
793 area and the department to reduce the timeframes.

794 (15)~~(14)~~ Notwithstanding the procedures established
795 pursuant to subsections (1) through (14) ~~(13)~~, hospitals located
796 in areas with limited access to trauma center services shall be
797 designated by the department as Level II trauma centers based on
798 documentation of a valid certificate of trauma center
799 verification from the American College of Surgeons. Areas with
800 limited access to trauma center services are defined by the
801 following criteria:

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

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

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

810 (16) (a) Notwithstanding the statutory capacity limits
811 established in s. 395.402(1), the provisions of subsection (8),
812 or any other provision of this act, an adult Level I trauma

576-03559-18

20181876c2

813 center, an adult Level II trauma center, a Level II trauma
814 center with a pediatric trauma center, a jointly certified
815 pediatric trauma center, or a stand-alone pediatric trauma
816 center that was verified by the department before December 15,
817 2017, is deemed to have met the trauma center application and
818 operational requirements of this section and must be verified
819 and designated as a trauma center.

820 (b) Notwithstanding the statutory capacity limits
821 established in s. 395.402(1), the provisions of subsection (8),
822 or any other provision of this act, a trauma center that was not
823 verified by the department before December 15, 2017, but that
824 was provisionally approved by the department to be in
825 substantial compliance with Level II trauma standards before
826 January 1, 2017, and which is operating as a Level II trauma
827 center, is deemed to have met the application and operational
828 requirements of this section for a trauma center and must be
829 verified and designated as a Level II trauma center.

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

840 (d) Notwithstanding the statutory capacity limits
841 established in s. 395.402(1), the provisions of subsection (8),

576-03559-18

20181876c2

842 or any other provision of this act, a trauma center that was not
843 verified by the department before December 15, 2017, as a
844 pediatric trauma center but was provisionally approved by the
845 department and found to be in substantial compliance with the
846 pediatric trauma standards established by rule before January 1,
847 2018, and is operating as a pediatric trauma center is deemed to
848 have met the application and operational requirements of this
849 section for a pediatric trauma center and, upon successful
850 completion of the in-depth and site review process, shall be
851 verified and designated as a pediatric trauma center.

852 Notwithstanding the provisions of subsection (8), no existing
853 trauma center in the same trauma service area or in a trauma
854 service area contiguous to the trauma service area where the
855 applicant is located may protest the in-depth review, site
856 survey, or verification decision of the department regarding an
857 applicant that meets the requirements of this paragraph.

858 (e) Notwithstanding the statutory capacity limits
859 established in s. 395.402(1) or any other provision of this act,
860 any hospital operating as a Level II trauma center after January
861 1, 2017, must be designated and verified by the department as a
862 Level II trauma center if all of the following apply:

863 1. The hospital was provisionally approved after January 1,
864 2017, to operate as a Level II trauma center and was in
865 operation on or before June 1, 2017;

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

869 3. The hospital receives a recommended order from the
870 Division of Administrative Hearings, a final order from the

576-03559-18

20181876c2

871 department, or an order from a court of competent jurisdiction
872 which provides that it was entitled to be designated and
873 verified as a Level II trauma center; and

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

877
878 Any provisional trauma center operating under this paragraph may
879 not be required to cease trauma operations unless a court of
880 competent jurisdiction or the department determines that it has
881 failed to meet the trauma center standards, as established by
882 department rule.

883 (f) Notwithstanding the statutory capacity limits
884 established in s. 395.402(1), or any other provision of this
885 act, a joint pediatric trauma center involving a Level II trauma
886 center and a specialty licensed children's hospital which was
887 verified by the department before December 15, 2017, is deemed
888 to have met the application and operational requirements of this
889 section for a pediatric trauma center and shall be verified and
890 designated as a pediatric trauma center even if the joint
891 program is dissolved upon the expiration of the existing
892 certificate and the pediatric trauma center continues operations
893 independently through the specialty licensed children's
894 hospital, provided that the pediatric trauma center meets all
895 requirements for verification by the department.

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

898 Section 7. Section 395.403, Florida Statutes, is amended to
899 read:

576-03559-18

20181876c2

900 395.403 Reimbursement of trauma centers.—

901 (1) All verified trauma centers shall be considered
902 eligible to receive state funding when state funds are
903 specifically appropriated for state-sponsored trauma centers in
904 the General Appropriations Act. Effective July 1, 2010, the
905 department shall make payments from the Emergency Medical
906 Services Trust Fund under s. 20.435 to the trauma centers.
907 Payments shall be in equal amounts for the trauma centers
908 approved by the department as of July 1 of the fiscal year in
909 which funding is appropriated. In the event a trauma center does
910 not maintain its status as a trauma center for any state fiscal
911 year in which such funding is appropriated, the trauma center
912 shall repay the state for the portion of the year during which
913 it was not a trauma center.

914 (2) Trauma centers eligible to receive distributions from
915 the Emergency Medical Services Trust Fund under s. 20.435 in
916 accordance with subsection (1) may request that such funds be
917 used as intergovernmental transfer funds in the Medicaid
918 program.

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

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

923 (b) Agree to report trauma data to the National Trauma Data
924 Bank ~~provide information concerning the provision of trauma~~
925 ~~services to the department, in a form and manner prescribed by~~
926 ~~rule of the department.~~

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

576-03559-18

20181876c2

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

933 Section 8. Section 395.4036, Florida Statutes, is amended
934 to read:

935 395.4036 Trauma payments.—

936 (1) Recognizing the Legislature's stated intent to provide
937 financial support to the current verified trauma centers and to
938 provide incentives for the establishment of additional trauma
939 centers as part of a system of state-sponsored trauma centers,
940 the department shall use ~~utilize~~ funds collected under s. 318.18
941 and deposited into the Emergency Medical Services Trust Fund of
942 the department to ensure the availability and accessibility of
943 trauma services throughout the state as provided in this
944 subsection.

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

947 1. Twenty percent of the total funds collected during the
948 state fiscal year shall be distributed to verified trauma
949 centers that have a local funding contribution as of December
950 31. Distribution of funds under this subparagraph shall be based
951 on trauma caseload volume for the most recent calendar year
952 available.

953 2. Forty percent of the total funds collected shall be
954 distributed to verified trauma centers based on trauma caseload
955 volume for the most recent calendar year available. The
956 determination of caseload volume for distribution of funds under
957 this subparagraph shall be based on the agency's hospital

576-03559-18

20181876c2

958 discharge data reported by each trauma center pursuant to s.
959 408.061 and meeting the criteria for classification as a trauma
960 patient department's Trauma Registry data.

961 3. Forty percent of the total funds collected shall be
962 distributed to verified trauma centers based on severity of
963 trauma patients for the most recent calendar year available. The
964 determination of severity for distribution of funds under this
965 subparagraph shall be based on the department's International
966 Classification Injury Severity Scores or another statistically
967 valid and scientifically accepted method of stratifying a trauma
968 patient's severity of injury, risk of mortality, and resource
969 consumption as adopted by the department by rule, weighted based
970 on the costs associated with and incurred by the trauma center
971 in treating trauma patients. The weighting of scores shall be
972 established by the department by rule.

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

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

979 2. Thirty-five percent of the total funds collected shall
980 be distributed to verified trauma centers based on trauma
981 caseload volume for the most recent calendar year available. The
982 determination of caseload volume for distribution of funds under
983 this subparagraph shall be based on the agency's hospital
984 discharge data reported by each trauma center pursuant to s.
985 408.061 and meeting the criteria for classification as a trauma
986 patient department's Trauma Registry data.

576-03559-18

20181876c2

987 3. Thirty-five percent of the total funds collected shall
988 be distributed to verified trauma centers based on severity of
989 trauma patients for the most recent calendar year available. The
990 determination of severity for distribution of funds under this
991 subparagraph shall be based on the department's International
992 Classification Injury Severity Scores or another statistically
993 valid and scientifically accepted method of stratifying a trauma
994 patient's severity of injury, risk of mortality, and resource
995 consumption as adopted by the department by rule, weighted based
996 on the costs associated with and incurred by the trauma center
997 in treating trauma patients. The weighting of scores shall be
998 established by the department by rule.

999 (2) Funds deposited in the department's Emergency Medical
1000 Services Trust Fund for verified trauma centers may be used to
1001 maximize the receipt of federal funds that may be available for
1002 such trauma centers. Notwithstanding this section and s. 318.14,
1003 distributions to trauma centers may be adjusted in a manner to
1004 ensure that total payments to trauma centers represent the same
1005 proportional allocation as set forth in this section and s.
1006 318.14. For purposes of this section and s. 318.14, total funds
1007 distributed to trauma centers may include revenue from the
1008 Emergency Medical Services Trust Fund and federal funds for
1009 which revenue from the Administrative Trust Fund is used to meet
1010 state or local matching requirements. Funds collected under ss.
1011 318.14 and 318.18 and deposited in the Emergency Medical
1012 Services Trust Fund of the department shall be distributed to
1013 trauma centers on a quarterly basis using the most recent
1014 calendar year data available. Such data shall not be used for
1015 more than four quarterly distributions unless there are

576-03559-18

20181876c2

1016 extenuating circumstances as determined by the department, in
1017 which case the most recent calendar year data available shall
1018 continue to be used and appropriate adjustments shall be made as
1019 soon as the more recent data becomes available.

1020 (3) (a) Any trauma center not subject to audit pursuant to
1021 s. 215.97 shall annually attest, under penalties of perjury,
1022 that such proceeds were used in compliance with law. The annual
1023 attestation shall be made in a form and format determined by the
1024 department. The annual attestation shall be submitted to the
1025 department for review within 9 months after the end of the
1026 organization's fiscal year.

1027 (b) Any trauma center subject to audit pursuant to s.
1028 215.97 shall submit an audit report in accordance with rules
1029 adopted by the Auditor General.

1030 (4) The department, working with the Agency for Health Care
1031 Administration, shall maximize resources for trauma services
1032 wherever possible.

1033 Section 9. Section 395.404, Florida Statutes, is amended to
1034 read:

1035 395.404 Reporting Review of trauma registry data; report to
1036 National Trauma Data Bank ~~central registry; confidentiality and~~
1037 ~~limited release.-~~

1038 (1) ~~(a)~~ Each trauma center shall participate in the National
1039 Trauma Data Bank, and the department shall solely use the
1040 National Trauma Data Bank for quality and assessment purposes.

1041 (2) Each trauma center and acute care hospital shall report
1042 to the department all transfers of trauma patients and the
1043 outcomes of such patients ~~furnish, and, upon request of the~~
1044 ~~department, all acute care hospitals shall furnish for~~

576-03559-18

20181876c2

1045 ~~department review trauma registry data as prescribed by rule of~~
1046 ~~the department for the purpose of monitoring patient outcome and~~
1047 ~~ensuring compliance with the standards of approval.~~

1048 ~~(b) Trauma registry data obtained pursuant to this~~
1049 ~~subsection are confidential and exempt from the provisions of s.~~
1050 ~~119.07(1) and s. 24(a), Art. I of the State Constitution.~~
1051 ~~However, the department may provide such trauma registry data to~~
1052 ~~the person, trauma center, hospital, emergency medical service~~
1053 ~~provider, local or regional trauma agency, medical examiner, or~~
1054 ~~other entity from which the data were obtained. The department~~
1055 ~~may also use or provide trauma registry data for purposes of~~
1056 ~~research in accordance with the provisions of chapter 405.~~

1057 ~~(3)(2)~~ Each trauma center, ~~pediatric trauma center,~~ and
1058 acute care hospital shall report to the department's brain and
1059 spinal cord injury central registry, consistent with the
1060 procedures and timeframes of s. 381.74, any person who has a
1061 moderate-to-severe brain or spinal cord injury, and shall
1062 include in the report the name, age, residence, and type of
1063 disability of the individual and any additional information that
1064 the department finds necessary.

1065 Section 10. Paragraph (k) of subsection (1) of section
1066 395.401, Florida Statutes, is amended to read:

1067 395.401 Trauma services system plans; approval of trauma
1068 centers and pediatric trauma centers; procedures; renewal.-

1069 (1)

1070 (k) It is unlawful for any hospital or other facility to
1071 hold itself out as a trauma center unless it has been so
1072 verified or designated pursuant to s. 395.4025(15) ~~s.~~
1073 ~~395.4025(14)~~.

576-03559-18

20181876c2

1074 Section 11. Paragraph (1) of subsection (3) of section
1075 408.036, Florida Statutes, is amended to read:

1076 408.036 Projects subject to review; exemptions.—

1077 (3) EXEMPTIONS.—Upon request, the following projects are
1078 subject to exemption from the provisions of subsection (1):

1079 (1) For the establishment of:

1080 1. A Level II neonatal intensive care unit with at least 10
1081 beds, upon documentation to the agency that the applicant
1082 hospital had a minimum of 1,500 births during the previous 12
1083 months;

1084 2. A Level III neonatal intensive care unit with at least
1085 15 beds, upon documentation to the agency that the applicant
1086 hospital has a Level II neonatal intensive care unit of at least
1087 10 beds and had a minimum of 3,500 births during the previous 12
1088 months; or

1089 3. A Level III neonatal intensive care unit with at least 5
1090 beds, upon documentation to the agency that the applicant
1091 hospital is a verified trauma center pursuant to s. 395.4001(15)
1092 ~~s. 395.4001(14)~~, and has a Level II neonatal intensive care
1093 unit,

1094
1095 if the applicant demonstrates that it meets the
1096 requirements for quality of care, nurse staffing, physician
1097 staffing, physical plant, equipment, emergency transportation,
1098 and data reporting found in agency certificate-of-need rules for
1099 Level II and Level III neonatal intensive care units and if the
1100 applicant commits to the provision of services to Medicaid and
1101 charity patients at a level equal to or greater than the
1102 district average. Such a commitment is subject to s. 408.040.

576-03559-18

20181876c2

1103 Section 12. Paragraph (a) of subsection (1) of section
1104 409.975, Florida Statutes, is amended to read:

1105 409.975 Managed care plan accountability.—In addition to
1106 the requirements of s. 409.967, plans and providers
1107 participating in the managed medical assistance program shall
1108 comply with the requirements of this section.

1109 (1) PROVIDER NETWORKS.—Managed care plans must develop and
1110 maintain provider networks that meet the medical needs of their
1111 enrollees in accordance with standards established pursuant to
1112 s. 409.967(2)(c). Except as provided in this section, managed
1113 care plans may limit the providers in their networks based on
1114 credentials, quality indicators, and price.

1115 (a) Plans must include all providers in the region that are
1116 classified by the agency as essential Medicaid providers, unless
1117 the agency approves, in writing, an alternative arrangement for
1118 securing the types of services offered by the essential
1119 providers. Providers are essential for serving Medicaid
1120 enrollees if they offer services that are not available from any
1121 other provider within a reasonable access standard, or if they
1122 provided a substantial share of the total units of a particular
1123 service used by Medicaid patients within the region during the
1124 last 3 years and the combined capacity of other service
1125 providers in the region is insufficient to meet the total needs
1126 of the Medicaid patients. The agency may not classify physicians
1127 and other practitioners as essential providers. The agency, at a
1128 minimum, shall determine which providers in the following
1129 categories are essential Medicaid providers:

- 1130 1. Federally qualified health centers.
- 1131 2. Statutory teaching hospitals as defined in s.

576-03559-18

20181876c2

1132 408.07(45).

1133 3. Hospitals that are trauma centers as defined in s.
1134 395.4001(15) ~~s. 395.4001(14)~~.

1135 4. Hospitals located at least 25 miles from any other
1136 hospital with similar services.

1137

1138 Managed care plans that have not contracted with all
1139 essential providers in the region as of the first date of
1140 recipient enrollment, or with whom an essential provider has
1141 terminated its contract, must negotiate in good faith with such
1142 essential providers for 1 year or until an agreement is reached,
1143 whichever is first. Payments for services rendered by a
1144 nonparticipating essential provider shall be made at the
1145 applicable Medicaid rate as of the first day of the contract
1146 between the agency and the plan. A rate schedule for all
1147 essential providers shall be attached to the contract between
1148 the agency and the plan. After 1 year, managed care plans that
1149 are unable to contract with essential providers shall notify the
1150 agency and propose an alternative arrangement for securing the
1151 essential services for Medicaid enrollees. The arrangement must
1152 rely on contracts with other participating providers, regardless
1153 of whether those providers are located within the same region as
1154 the nonparticipating essential service provider. If the
1155 alternative arrangement is approved by the agency, payments to
1156 nonparticipating essential providers after the date of the
1157 agency's approval shall equal 90 percent of the applicable
1158 Medicaid rate. Except for payment for emergency services, if the
1159 alternative arrangement is not approved by the agency, payment
1160 to nonparticipating essential providers shall equal 110 percent

576-03559-18

20181876c2

1161 of the applicable Medicaid rate.

1162 Section 13. Study on pediatric trauma services; report.-

1163 (1) The Department of Health shall work with the Office of
1164 Program Policy Analysis and Government Accountability to study
1165 the department's licensure requirements, rules, regulations,
1166 standards, and guidelines for pediatric trauma services and
1167 compare them to the licensure requirements, rules, regulations,
1168 standards, and guidelines for verification of pediatric trauma
1169 services by the American College of Surgeons.

1170 (2) The Office of Program Policy Analysis and Government
1171 Accountability shall submit a report of the findings of the
1172 study to the Governor, the President of the Senate, the Speaker
1173 of the House of Representatives, and the Florida Trauma System
1174 Advisory Council established under s. 395.402, Florida Statutes,
1175 by December 31, 2018.

1176 (3) This section shall expire on January 31, 2019.

1177 Section 14. If the provisions of this act relating to s.
1178 395.4025(16), Florida Statutes, are held to be invalid or
1179 inoperative for any reason, the remaining provisions of this act
1180 shall be deemed to be void and of no effect, it being the
1181 legislative intent that this act as a whole would not have been
1182 adopted had any provision of the act not been included.

1183 Section 15. This act shall take effect upon becoming a law.