

By the Committee on Health Care Standards & Regulatory Reform and Representatives Dawson-White, Lippman, Casey, Thrasher, Miller, Jones, Healey, Arnall and Peadar

1                                   A bill to be entitled  
2           An act relating to trauma centers; amending s.  
3           395.402, F.S.; providing legislative  
4           recognition of pediatric trauma referral  
5           centers; providing legislative intent regarding  
6           factors to be considered in devising planning  
7           guidelines; prescribing the number and types of  
8           patients to be treated at pediatric trauma  
9           referral centers; amending s. 395.4025, F.S.;  
10          providing for the selection of state-approved  
11          trauma centers and pediatric trauma referral  
12          centers; revising procedures for renewing  
13          verification; requiring the formation of a task  
14          force on pediatric trauma; providing for  
15          membership, duties, and responsibilities of the  
16          task force members; requiring a report to the  
17          Legislature; providing an effective date.

18  
19 Be It Enacted by the Legislature of the State of Florida:

20  
21           Section 1. Subsections (1) and (2) of section 395.402,  
22 Florida Statutes, are amended, subsection (3) is renumbered as  
23 subsection (4), and a new subsection (3) is added to said  
24 section, to read:

25           395.402 Trauma service areas; number and location of  
26 trauma centers.--

27           (1) The Legislature finds that it is appropriate to  
28 recognize as a trauma patient someone with an injury severity  
29 score (ISS) of 9 or greater. The Legislature also recognizes  
30 that Level I and Level II trauma centers and pediatric trauma  
31 referral centers should each be capable of annually treating a

1 minimum of 1,000, ~~and 500,~~ and 150 patients, respectively,  
2 with an injury severity score of 9 or greater. Further, the  
3 Legislature finds that, based on the numbers and locations of  
4 trauma victims with these injury severity scores, there should  
5 be 19 trauma service areas in the state, and, at a minimum,  
6 there should be at least one trauma center in each service  
7 area.

8 (2) It is the intent of the Legislature that, as a  
9 planning guideline, Level I and Level II trauma centers and  
10 pediatric trauma referral centers should generally each  
11 provide care annually to approximately a minimum of 1,000, and  
12 500, and 150 patients, respectively, as provided in subsection  
13 (1). It is the further intent of the Legislature that, as a  
14 planning guideline, factors such as geography, relative  
15 population density, and other factors that ensure access to  
16 trauma care may be considered. Level II trauma centers in  
17 counties of more than 500,000 population are expected to be  
18 able to care for 1,000 patients per year, as a planning  
19 guideline.

20 (3) For purposes of subsections (1) and (2), adult  
21 patients who are treated at a Level I or Level II trauma  
22 center may not be considered to be pediatric trauma patients.

23 Section 2. Subsections (1), (2), (4), (6), and (13) of  
24 section 395.4025, Florida Statutes, 1996 Supplement, are  
25 amended, subsections (7) through (13) are renumbered as  
26 subsections (8) through (14), respectively, and a new  
27 subsection (7) is added to said section, to read:

28 395.4025 Selection of state-approved trauma centers.--

29 (1) For purposes of developing a system of  
30 state-approved trauma centers, the department shall use the 19  
31 trauma service areas established in s. 395.402. Within each

1 service area and based on the state trauma system plan, the  
2 local or regional trauma services system plan, recommendations  
3 of the local or regional trauma agency, and the 1990 Report  
4 and Proposal for Funding State-Sponsored Trauma Centers, the  
5 department shall establish the approximate number of  
6 state-approved trauma centers needed to ensure reasonable  
7 access to high-quality trauma services. Using the guidelines  
8 and procedures outlined in the 1990 report, except when in  
9 conflict with those prescribed in this section, or when in  
10 conflict with the local or regional trauma agency plan as  
11 approved by the department, the department shall select those  
12 hospitals that are to be recognized as state-approved trauma  
13 centers and shall include all trauma centers verified as of  
14 October 1, 1990, and subsequently, subject to specific  
15 programmatic and quality of care standards.

16 (2)(a) The department shall annually notify each acute  
17 care general hospital and each local and each regional trauma  
18 agency in the state that the department is accepting letters  
19 of intent from hospitals that are interested in becoming  
20 state-approved trauma centers. In order to be considered by  
21 the department, a hospital that operates within the geographic  
22 area of a local or regional trauma agency must submit written  
23 certification by the local or regional trauma agency that the  
24 verification of the hospital as a Level I or Level II trauma  
25 center or as a pediatric trauma referral center, together with  
26 its letter of intent, certify that its intent to operate as a  
27 state-approved trauma center is consistent with the trauma  
28 services plan of the local or regional trauma agency, as  
29 approved by the department, if such agency exists. Letters of  
30 intent must be submitted to the department and to the local or  
31 regional trauma agency, if one exists, and must be postmarked

1 no later than midnight October 1 of the year in which the  
2 letter of intent is filed. The department may not consider the  
3 letter of intent or application of any hospital that has not  
4 timely filed both a letter of intent and a written  
5 confirmation of consistency with the local or regional agency  
6 plan as required by this section. ~~This paragraph does not~~  
7 ~~apply to any hospital that is a provisional or verified trauma~~  
8 ~~center on January 1, 1992.~~

9 (b) By October 15, the department shall send to all  
10 hospitals that submitted a letter of intent an application  
11 package that will provide the hospitals with instructions for  
12 submitting information to the department for selection as a  
13 state-approved trauma center. The standards for verification  
14 of trauma centers and pediatric trauma referral centers  
15 provided for in s. 395.401(3), as adopted by rule of the  
16 department, shall serve as the basis for these instructions.

17 (c) In order to be considered by the department,  
18 applications from those hospitals seeking selection as  
19 state-approved trauma centers or state-approved pediatric  
20 trauma referral centers, including those current verified  
21 trauma centers that seek to be state-approved trauma centers  
22 or state-approved pediatric trauma referral centers, must be  
23 received by the department and, for any hospital that operates  
24 within the geographic area of a local or regional trauma  
25 agency, by the local or regional trauma agency, no later than  
26 the close of business on April 1. The department shall conduct  
27 a provisional review of each application for the purpose of  
28 determining that the hospital's application is complete and  
29 that the hospital has the critical elements required for a  
30 state-approved trauma center. The local or regional trauma  
31 agency shall conduct a preliminary review of the application

1 for the purposes of this paragraph and shall submit comments  
2 or recommendations to the department no later than the close  
3 of business on April 7. In reviewing the application, the  
4 department shall consider the comments or recommendations  
5 submitted by the local or regional trauma agency. If the  
6 department makes a finding of fact or determination regarding  
7 the application which is counter to the comments or  
8 recommendations submitted by the local or regional trauma  
9 agency, the department must provide to the local or regional  
10 trauma agency, in writing, its reasons for its findings, item  
11 by item. This critical review conducted by the department and  
12 by the local or regional trauma agency must ~~will~~ be based on  
13 trauma center verification standards and must ~~shall~~ include,  
14 but is not ~~be~~ limited to, a review of whether the hospital  
15 has:

- 16 1. Equipment and physical facilities necessary to  
17 provide trauma services.
- 18 2. Personnel in sufficient numbers and with proper  
19 qualifications to provide trauma services.
- 20 3. An effective quality assurance process.
- 21 ~~4. Submitted written confirmation by the local or~~  
22 ~~regional trauma agency that the verification of the hospital~~  
23 ~~as a state-approved trauma center is consistent with the plan~~  
24 ~~of the local or regional trauma agency, as approved by the~~  
25 ~~department, if such agency exists. This subparagraph applies~~  
26 ~~to any hospital that is not a provisional or verified trauma~~  
27 ~~center on January 1, 1992.~~

28  
29 Any application that is submitted by a hospital that has  
30 failed to comply with the requirements of paragraph (a) must  
31

1 be rejected and may not be considered by the department or by  
2 the local or regional trauma agency.

3 (d)1. Notwithstanding other provisions in this  
4 section, the department may grant up to an additional 18  
5 months to a hospital applicant that is unable to meet all  
6 requirements as provided in paragraph (c) at the time of  
7 application if the number of applicants in the service area in  
8 which the applicant is located is equal to or less than the  
9 service area allocation, as provided by rule of the  
10 department. An applicant that is granted additional time  
11 pursuant to this paragraph shall submit a plan for  
12 departmental approval which includes timelines and activities  
13 that the applicant proposes to complete in order to meet  
14 application requirements. Any applicant that demonstrates an  
15 ongoing effort to complete the activities within the timelines  
16 outlined in the plan shall be included in the number of  
17 state-approved trauma centers at such time that the department  
18 has conducted a provisional review of the application and has  
19 determined that the application is complete and that the  
20 hospital has the critical elements required for a  
21 state-approved trauma center.

22 2. Timeframes provided in subsections (1)-(9) ~~(1)-(8)~~  
23 shall be stayed until the department determines that the  
24 application is complete and that the hospital has the critical  
25 elements required for a state-approved trauma center.

26 (4) Between May 1 and October 1 of each year, the  
27 department and, for any hospital that operates within the  
28 geographic area of a local or regional trauma agency, the  
29 local or regional trauma agency shall conduct an in-depth  
30 evaluation of all applications found acceptable in the  
31 provisional review. The local or regional trauma agency shall

1 conduct an in-depth evaluation of the application and shall  
2 submit comments and recommendations to the department no later  
3 than the close of business on June 1 of the year in which the  
4 application was submitted. In reviewing the application, the  
5 department shall consider the comments and recommendations  
6 submitted by the local or regional trauma agency. If the  
7 department makes a finding of fact or determination regarding  
8 the application which is counter to the comments or  
9 recommendations submitted by the local or regional trauma  
10 agency, the department must provide to the local or regional  
11 trauma agency, in writing, its reasons for its findings, item  
12 by item.The applications must ~~shall~~ be evaluated against  
13 criteria enumerated in the application packages as provided to  
14 the hospitals by the department.

15 (6) Based on recommendations from the review team, the  
16 department shall select state-approved trauma centers by July  
17 1. An applicant for designation as a state-approved trauma  
18 center or a state-approved pediatric trauma referral center  
19 may request an extension of its provisional status if it  
20 submits a corrective action plan to the department. The  
21 corrective action plan must demonstrate the ability of the  
22 applicant to correct deficiencies noted during the applicant's  
23 onsite review conducted by the department between the previous  
24 October 1 and June 1. The department may extend the  
25 provisional status of an applicant for designation as a  
26 state-approved trauma center or a state-approved pediatric  
27 trauma referral center through December 31 if the applicant  
28 provides a corrective action plan acceptable to the  
29 department. The department or a team of out-of-state experts  
30 assembled by the department shall conduct an onsite visit on  
31 or before November 1 to confirm that the deficiencies have

1 | been corrected. The provisional state-approved trauma center  
2 | or the provisional state-approved pediatric trauma referral  
3 | center is responsible for all costs associated with the onsite  
4 | visit in a manner prescribed by rule of the department. By  
5 | January 1, the department must approve or deny the application  
6 | of any provisional applicant granted an extension. Each  
7 | state-approved trauma center shall be granted a 7-year  
8 | verification period during which time it must continue to  
9 | maintain trauma center verification standards and acceptable  
10 | patient outcomes as determined by department rule. A  
11 | verification, unless sooner suspended or revoked,  
12 | automatically expires 7 years after the date of issuance, but  
13 | and is renewable upon application for renewal, if the  
14 | applicant continues to meet prescribed verification standards  
15 | as prescribed by rule of the department. An application for  
16 | renewal must be filed with the department at least 90 days  
17 | before the verification period ends, on forms provided by the  
18 | department. The forms must be limited to requesting  
19 | confirmation of the applicant's desire to renew its  
20 | verification for another 7-year period, and the applicant's  
21 | certification of continued compliance with trauma center  
22 | verification standards for trauma center facilities, staffing,  
23 | equipment, and programs. The timely filing of an application  
24 | for trauma center verification renewal shall toll the  
25 | verification period until final agency action is taken on the  
26 | verification renewal application, so that the applicant can  
27 | continue operating as a verified trauma center during the  
28 | department's review of the application and during any  
29 | administrative hearing held with respect to the verification  
30 | renewal application.~~After July 1, 1992, Only those hospitals~~  
31 |



1 selected as state-approved trauma centers may operate as  
2 trauma centers.

3 (7) Any time the local or regional trauma agency makes  
4 comments or recommendations to the department, and any time  
5 the department provides a response to the comments or  
6 recommendations made by the local or regional trauma agency,  
7 as required by this section, a copy of such shall be provided  
8 to the applicant hospital.

9 (14)~~(13)~~ The department may adopt, by rule, the  
10 procedures and process by which it will select state-approved  
11 trauma centers. Such procedures and process must be used in  
12 annually selecting state-approved trauma centers and must be  
13 consistent with subsections (1)-(9)~~(1)-(8)~~ except in those  
14 situations in which it is in the best interest of, and  
15 mutually agreed to by, all applicants within a service area  
16 and the department to reduce the timeframes.

17 Section 3. Within 60 days after the effective date of  
18 this act, the Department of Health shall convene a task force  
19 on pediatric trauma. Task force members who are to be  
20 appointed by the department must include representatives of  
21 health care facilities, emergency medical services providers,  
22 and health care practitioners, all of whom have special  
23 expertise or experience in the area of pediatric trauma care;  
24 representatives of facilities providing trauma care and  
25 pediatric referral or transport; representatives from local  
26 and regional trauma agencies and health planning councils, and  
27 representatives from the Division of Children's Medical  
28 Services of the department. Representatives from the Agency  
29 for Health Care Administration who have special expertise in  
30 health planning, hospital regulation, and children's health  
31 care are to be appointed by the Agency for Health Care

1 Administration. Consistent with its state planning  
2 requirements as provided in s. 395.4015, Florida Statutes, the  
3 department shall draft a planning document for pediatric  
4 trauma care and shall submit the document to the chairs of the  
5 health care and fiscal committees of each house of the  
6 Legislature by December 1, 1998. The planning document must  
7 address the establishment of minimum pediatric trauma patient  
8 case number planning guidelines and must be based on a  
9 consideration of other factors relevant to the planning of  
10 pediatric trauma care, including, at a minimum:

11 (1) The injury severity level for which pediatric  
12 trauma care is required.

13 (2) A proposal for a minimum patient care number  
14 planning guideline that is based on a consideration of  
15 geographic factors, relative population density of urban and  
16 rural areas, and other factors important to ensuring adequate  
17 geographic access to care.

18 (3) A proposal for a minimum number or range of  
19 numbers of pediatric trauma cases which should be used as a  
20 pediatric trauma planning guideline. In arriving at such a  
21 number, the task force should consider the number of pediatric  
22 trauma cases which should be treated at a pediatric trauma  
23 referral center in order to maintain skill proficiencies  
24 consistent with high-quality outcomes; to contribute to  
25 teaching, research, and education; and to ensure training of  
26 future pediatric trauma physicians and other pediatric trauma  
27 professional specialists.

28 (4) The acceptable range of elapsed time between the  
29 occurrence of pediatric trauma injury and the provision of  
30 definitive care. In arriving at the acceptable range of  
31 elapsed time, the task force must consider what constitutes

1 appropriate travel time from accident locations to a pediatric  
2 trauma referral center and what constitutes appropriate  
3 lengths of time for interfacility transfer between  
4 nonpediatric trauma facilities and pediatric trauma referral  
5 centers.

6 (5) The existing level of facilities available  
7 throughout the state as resources for pediatric trauma care.

8 (6) The appropriate distribution of pediatric referral  
9 centers relative to adult trauma centers throughout the state.

10  
11 Members of the task force, excluding state employees, shall  
12 serve without compensation and without reimbursement for  
13 travel expenses. The activities of the task force must be  
14 accomplished within existing resources and appropriations.

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

17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31