

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based only on the provisions contained in the legislation as of the latest date listed below.)

BILL: CS/SB 2276

SPONSOR: Health Aging and Long-term Care Committee and Senator Myers

SUBJECT: Trauma Care

DATE: April 14, 1999 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Liem</u>	<u>Wilson</u>	<u>HC</u>	<u>Favorable/CS</u>
2.	_____	_____	<u>FP</u>	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

I. Summary:

Committee Substitute for Senate Bill 2276 implements the recommendations in the 1999 report entitled "Timely Access to Trauma Care" which was required by proviso in the 1998-99 General Appropriations Act. The bill makes provisions for the coordination of activities of the Department of Health, the Boards of Medicine and Nursing, the Agency for Health Care Administration and other providers who have resources to assist a trauma victim in establishing and regulating an inclusive trauma system in Florida. The bill amends the law pertaining to trauma to incorporate the concept of an inclusive trauma system; rename, from patients to trauma victims, persons who suffer trauma and who do not have a provider/patient relationship yet established; establish a five-year time frame for updates of trauma agency plans; clarify that Level I and II trauma centers should each be capable of treating 1,000 and 500 patients, respectively, with an injury severity score of 9 or greater; clarify that transportation requirements apply to trauma alert victims; and require the Department of Health to periodically review the assignment of counties to trauma service areas as currently specified in s. 395.402, Florida Statutes.

The bill creates s. 395.40, F.S., and amends ss. 395.401, F.S., 1998 Supplement, 395.402, F.S., and 395.4045, F.S.

II. Present Situation:

The 1998 Legislature directed the Department of Health to prepare and submit a report and proposal to ensure that persons requiring trauma care have timely access to trauma centers. The department at a minimum, was to study:

- the strategic location of trauma centers,
- mandatory hospital trauma transfer criteria,
- emergency medical ground and air needs, and
- Medicaid reimbursement for trauma care.

Section 395.401, F.S., authorizes the Department of Health to recognize certain entities to operate as local or regional trauma agencies. The role of a trauma agency is to plan, implement, and evaluate an organized response, transportation, and in-hospital care system for individuals who have sustained traumatic injuries. This section provides definitions for terms used in chapter 395, Part II, F.S., Trauma, and minimum requirements for a local or regional trauma agency plan. Trauma agency plans must be updated and submitted annually for approval by the department. There are currently four trauma agencies in the state, providing services to 14 counties.

Section 395.402, F.S., organizes Florida's counties into 19 trauma service areas. The trauma service areas were designated originally by the Legislature in 1990 based on a study of where trauma victims with a specific severity of injury were treated. The service areas are subject to periodic revision by the Legislature.

III. Effect of Proposed Changes:

The bill provides Legislative findings and intent that there has been a lack of timely access to trauma care due to the state's fragmented trauma system and that there is a necessity to plan for and establish an inclusive system which would incorporate and coordinate all providers who have resources to meet the needs of trauma victims. The bill finds that there would be significant benefits from coordinating the trauma-related activities of several state agencies. The bill states the intent of the Legislature to place primary responsibility for planning a statewide system with the Department of Health and finds that there would be significant benefit from the department, the Agency for Health Care Administration and the Boards of Medicine and Nursing establishing interagency teams and agreements to develop guidelines, standards, and rules. Leadership responsibility for this activity is given to the Department of Health. The bill suggests that the above-named entities should establish a coordinated methodology for monitoring, evaluating and enforcing the requirements of the state's trauma system which recognizes the interest of each agency; developing roles for trauma agencies which include issues of system evaluation and managed care; developing and submitting federal waivers as necessary; developing criteria which later will become the basis for mandatory trauma victim care consultation and mandatory transfer of appropriate victims to trauma centers; developing a coordinated approach to trauma victim care, including movement of the trauma victim through the trauma system and identification of medical responsibility for each phase of in- and out-of-hospital trauma care; and requiring medical directors of emergency medical services providers to have medical accountability for the trauma victim during an inter-facility transfer.

The bill encourages the department to foster the provision of trauma care and serve as a catalyst for improvements in trauma care including the promotion of trauma centers and agencies in each trauma region and updating the state trauma system plan by December, 2000, and every five years thereafter.

The bill deletes the definitions of local and regional trauma agencies and provides a definition of trauma agency, which may be established and operated by one or more counties. The bill provides a definition of "trauma alert victim" and modifies the definition of "trauma victim" to include injuries due to burns and to remove "life-threatening" as a condition of being defined as a trauma victim.

The bill decreases the frequency for submission of trauma agency plans from annually to every 5 years, and eliminates requirements for the department to approve or disapprove plans within specified time frames. It removes requirements for public hearings with adequate notice and removes the requirement that trauma agencies submit written notice to the department 90 days prior to ceasing operation.

The bill deletes periodic revision by the Legislature of county trauma service area assignments based on recommendations made in local or regional trauma plans. The bill requires the department to assume this review and assignment function, and requires the department to take into consideration regional recommendations and the recommendations made as a part of the state trauma plan in the review and assignment function. The review is to take place in the year 2000 and every 5 years thereafter.

The bill requires that Level I and Level II trauma centers should each have the capability of treating a minimum of 1,000 and 500 trauma patients, respectively, with injury severity scores of 9 or greater annually.

The bill requires Emergency Medical Services providers to transport trauma alert victims to hospitals approved as trauma centers, except as provided in local or regional trauma protocols or, if no local or regional trauma protocol is in effect, as provided for in a provider's departmentally approved trauma protocol and that trauma alert victims be identified through the use of a trauma scoring system.

The effective date of the bill is July 1, 1999.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Article I, Subsections 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The planning and development activities are to be accomplished as “funding is made available.” No funding is provided in the bill. The Department of Health does not report a fiscal impact.

VI. Technical Deficiencies:

None.

VII. Related Issues:

Combining the definition of local trauma agency and regional trauma agency into one defined “trauma agency,” will require that both chapters 395 and 401, F.S., be revised for consistency using the new term.

VIII. Amendments:

None.