By Senator Myers

27-1346-99

A bill to be entitled 1 2 An act relating to trauma care; creating s. 395.40, F.S.; declaring legislative findings 3 4 and intent with respect to creation of a 5 statewide inclusive trauma system, as defined; amending s. 395.401, F.S.; deleting the 6 7 definitions of the terms "local trauma agency" and "regional trauma agency"; defining the 8 9 terms "trauma agency" and "trauma alert 10 victim"; prescribing duties of the Department of Health with respect to implementation of 11 12 inclusive trauma systems and trauma agency plans; amending s. 395.402, F.S.; prescribing 13 14 duties of the department with respect to assignment of counties to trauma service areas; 15 providing an effective date. 16 17 Be It Enacted by the Legislature of the State of Florida: 18 19 20 Section 1. Section 395.40, Florida Statutes, is created to read: 21 22 395.40 Legislative findings and intent.--23 The Legislature finds that there has been a lack of timely access to trauma care due to the state's fragmented 24 25 trauma system. This finding is based on the 1999 Trauma System 26 Report on Timely Access to Trauma Care submitted by the 27 department in response to the request of the Legislature. 28 (2) The Legislature finds that it is necessary to plan 29 for and to establish an inclusive trauma system to meet the 30 needs of trauma patients. An "inclusive trauma system" means a

require care in an acute-care setting and into which every health care provider or facility with resources to care for the injured patient is incorporated. The Legislature deems the benefits of trauma care provided within an inclusive trauma system to be of vital significance to the outcome of a trauma patient.

- (3) It is the intent of the Legislature to place primary responsibility for the planning and establishment of a statewide inclusive trauma system with the department. The department shall undertake the implementation of a statewide inclusive trauma system as funding is available.
- (4) The Legislature finds that significant benefits are to be obtained by directing the coordination of activities by several state agencies, relative to access to trauma care and the provision of trauma care to all trauma patients. It is the intent of the Legislature that the department, the Agency for Health Care Administration, the Board of Medicine, and the Board of Nursing establish interagency teams and agreements for the development of guidelines, standards, and rules for those portions of the inclusive state trauma system within the statutory authority of each agency. This coordinated approach will provide the necessary continuum of care for the trauma patient from injury to final hospital discharge. The department has the leadership responsibility for this activity.
- (5) In addition, the agencies listed in subsection (4) should undertake to:
- (a) Establish a coordinated methodology for monitoring, evaluating, and enforcing the requirements of the state's inclusive trauma system which recognizes the interests of each agency.

delivery of trauma care.

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- (b) Develop appropriate roles for trauma agencies, to assist in furthering the operation of trauma systems at the regional level. This should include issues of system evaluation as well as managed care.

 (c) Develop and submit appropriate requests for waivers of federal requirements which will facilitate the
 - (d) Develop criteria that will become the future basis for mandatory consultation on the care of trauma patients and mandatory transfer of appropriate trauma patients to trauma centers.
 - (e) Develop a coordinated approach to the care of the trauma patient. This shall include the movement of the trauma patient through the system of care and the identification of medical responsibility for each phase of care for out-of-hospital and in-hospital trauma care.
- (f) Require the medical director of an emergency medical services provider to have medical accountability for a trauma patient during interfacility transfer.
- department to actively foster the provision of trauma care and serve as a catalyst for improvements in the process and outcome of the provision of trauma care in an inclusive trauma system. Among other considerations, the department is encouraged to:
- (a) Promote the development of at least one trauma center in every trauma service area.
- (b) Promote the development of a trauma agency for each trauma region.
- 30 (c) Update the state trauma system plan by December 31 2000 and at least every 5th year thereafter.

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 Section 2. Subsection (1) and paragraphs (c) and (n) of subsection (2) of section 395.401, Florida Statutes, 1998 Supplement, are amended to read:

395.401 Trauma services system plans; verification of trauma centers and pediatric trauma referral centers; procedures; renewal.--

- (1) As used in this part, the term:
- (a) "Agency" means the Agency for Health Care Administration.
- (b) "Charity care" or "uncompensated charity care" means that portion of hospital charges reported to the agency for which there is no compensation for care provided to a patient whose family income for the 12 months preceding the determination is less than or equal to 150 percent of the federal poverty level, unless the amount of hospital charges due from the patient exceeds 25 percent of the annual family income. However, in no case shall the hospital charges for a patient whose family income exceeds four times the federal poverty level for a family of four be considered charity.
 - (c) "Department" means the Department of Health.
- (d) "Level I trauma center" means a hospital that is determined by the department to be in substantial compliance with trauma center and pediatric trauma referral center verification standards as established by rule of the department, and which:
- 1. Has formal research and education programs for the enhancement of trauma care.
- 2. Serves as a resource facility to Level II trauma centers, pediatric trauma referral centers, and community hospitals.
 - 3. Ensures an organized system of trauma care.

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- "Level II trauma center" means a hospital that is determined by the department to be in substantial compliance with trauma center verification standards as established by rule of the department, and which:
- Serves as a resource facility to community hospitals.
 - Ensures an organized system of trauma care.
- (f) "Local trauma agency" means an agency established and operated by a county or an entity with which the county contracts for the purpose of administrative trauma services.
- (f)(g) "Pediatric trauma referral center" means a hospital that is determined to be in substantial compliance with pediatric trauma referral center standards as established by rule of the department.
- (h) "Regional trauma agency" means an agency created and operated by two or more counties, or an entity with which two or more counties contract, for the purpose of administering trauma services.
- (g)(i) "State-approved trauma center" means a hospital that has successfully completed the state-approved selection process pursuant to s. 395.4025 and has been approved by the department to operate as a trauma center in the state.
- (h) (j) "State-sponsored trauma center" means a state-approved trauma center that receives state funding for trauma care services.
- "Trauma agency" means an agency established and operated by one or more counties, or an entity with which one or more counties contract, for the purpose of administering an inclusive regional trauma system.
- (j) "Trauma alert victim" means a person who has incurred a single or multisystem injury due to blunt or

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30 31 penetrating means or burns; who requires immediate medical intervention or treatment; and who meets one or more of the adult or pediatric scorecard criteria established by the department by rule.

- "Trauma center" means any hospital that has been determined by the department to be in substantial compliance with trauma center verification standards.
- "Trauma scorecard" means a statewide methodology adopted by the department by rule under which a person who has incurred a traumatic injury is graded as to the severity of his or her injuries or illness and which methodology is used as the basis for making destination decisions.
- "Trauma victim" means any person who has incurred a single or multisystem life-threatening injury due to blunt or penetrating means or burns and who requires immediate medical intervention or treatment.

(2)

- (c) The department shall receive plans for the implementation of inclusive trauma care systems from local and regional trauma agencies. The department may approve or not approve the local or regional trauma agency plans based on the conformance of the plan local or regional plans with this section and ss. 395.4015, 395.404, and 395.4045 and the rules adopted by the department pursuant to those sections. department shall approve or disapprove the plans within 120 days after the date the plans are submitted to the department.
- (n) After the submission of the initial local or regional trauma care system plan, each local or regional trauma agency shall, every 5th year, annually submit to the department for approval an updated plan that which identifies the changes, if any, to be made in the regional trauma care

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system. The department shall approve or disapprove the updated plan within 120 days after the date the plan is submitted to the department. At least 60 days before the local or regional trauma agency submits a plan for a trauma care system to the department, the local or regional trauma agency shall hold a public hearing and give adequate notice of the public hearing to all hospitals and other interested parties in the area. A local or regional trauma agency shall submit to the department written notice of its intent to cease operation of the local or regional trauma agency at least 90 days before the date on which the local or regional trauma agency will cease operation.

Section 3. Subsection (3) of section 395.402, Florida Statutes, is amended to read:

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

Trauma service areas are to be used. The department shall periodically review the assignment of the 67 counties to trauma service areas. These assignments are made for the purpose of developing a system of trauma centers. Revisions made by the department should take into consideration the recommendations made as part of the regional trauma system plans approved by the department, as well as the recommendations made as part of the state trauma system plan. These areas must, at a minimum, be reviewed in the year 2000 and every 5 years thereafter. Until the department completes its initial review, the assignment of counties shall remain as established pursuant to chapter 90-284, Laws of Florida. The following trauma service areas are to be utilized in developing a system of state-sponsored trauma centers. These 31 areas are subject to periodic revision by the Legislature

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based on recommendations made as part of local or regional
trauma plans approved by the department pursuant to s.
395.401(2). These areas shall, at a minimum, be reviewed by
the Legislature prior to the next 7-year verification cycle of
state-sponsored trauma centers.

- (a) The following trauma service areas are hereby established:
- 1. Trauma service area 1 shall consist of Escambia, Okaloosa, Santa Rosa, and Walton Counties.
- 2. Trauma service area 2 shall consist of Bay, Gulf, Holmes, and Washington Counties.
- 3. Trauma service area 3 shall consist of Calhoun, Franklin, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, and Wakulla Counties.
- 4. Trauma service area 4 shall consist of Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union Counties.
- 5. Trauma service area 5 shall consist of Baker, Clay, Duval, Nassau, and St. Johns Counties.
- 20 6. Trauma service area 6 shall consist of Citrus, 21 Hernando, and Marion Counties.
 - 7. Trauma service area 7 shall consist of Flagler and Volusia Counties.
 - 8. Trauma service area 8 shall consist of Lake, Orange, Osceola, Seminole, and Sumter Counties.
 - 9. Trauma service area 9 shall consist of Pasco and Pinellas Counties.
 - 10. Trauma service area 10 shall consist of Hillsborough County.
- 30 11. Trauma service area 11 shall consist of Hardee, 31 Highlands, and Polk Counties.

1	12. Trauma service area 12 shall consist of Brevard
2	and Indian River Counties.
3	13. Trauma service area 13 shall consist of DeSoto,
4	Manatee, and Sarasota Counties.
5	14. Trauma service area 14 shall consist of Martin,
6	Okeechobee, and St. Lucie Counties.
7	15. Trauma service area 15 shall consist of Charlotte,
8	Glades, Hendry, and Lee Counties.
9	16. Trauma service area 16 shall consist of Palm Beach
10	County.
11	17. Trauma service area 17 shall consist of Collier
12	County.
13	18. Trauma service area 18 shall consist of Broward
14	County.
15	19. Trauma service area 19 shall consist of Dade and
16	Monroe Counties.
17	(b) Each trauma service area should have at least one
18	Level I or Level II trauma center.
19	(c) There shall be no more than a total of 44
20	state-sponsored trauma centers in the state.
21	Section 4. This act shall take effect July 1, 1999.
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24	SENATE SUMMARY
25	Provides legislative findings with respect to the current state of trauma care in the state and the need for a
26	statewide inclusive system. Provides duties of the Department of Health, as well as other agencies, to enter
27	into cooperative agreements for the provision of such a system and provides additional duties of the department
28	in implementing the system, reviewing plans for the system, and assigning the various counties to trauma
29	service areas.
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