Florida Senate - 1999

 $\mathbf{B}\mathbf{y}$ the Committee on Health, Aging and Long-Term Care; and Senator Myers

	317-2121-99
1	A bill to be entitled
2	An act relating to trauma care; creating s.
3	395.40, F.S.; declaring legislative findings
4	and intent with respect to creation of a
5	statewide inclusive trauma system, as defined;
6	amending s. 395.401, F.S.; deleting the
7	definitions of the terms "local trauma agency"
8	and "regional trauma agency"; defining the
9	terms "trauma agency" and "trauma alert
10	victim"; prescribing duties of the Department
11	of Health with respect to implementation of
12	inclusive trauma systems and trauma agency
13	plans; amending s. 395.402, F.S.; removing
14	legislative findings; prescribing duties of the
15	department with respect to assignment of
16	counties to trauma service areas; amending s.
17	395.4045, F.S.; prescribing transport
18	requirements for emergency medical services
19	providers; providing an effective date.
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21	Be It Enacted by the Legislature of the State of Florida:
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23	Section 1. Section 395.40, Florida Statutes, is
24	created to read:
25	395.40 Legislative findings and intent
26	(1) The Legislature finds that there has been a lack
27	of timely access to trauma care due to the state's fragmented
28	trauma system. This finding is based on the 1999 Trauma System
29	Report on Timely Access to Trauma Care submitted by the
30	department in response to the request of the Legislature.
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1	(2) The Legislature finds that it is necessary to plan
2	for and to establish an inclusive trauma system to meet the
3	needs of trauma victims. An "inclusive trauma system" means a
4	system designed to meet the needs of all injured trauma
5	victims who require care in an acute-care setting and into
6	which every health care provider or facility with resources to
7	care for the injured trauma victim is incorporated. The
8	Legislature deems the benefits of trauma care provided within
9	an inclusive trauma system to be of vital significance to the
10	outcome of a trauma victim.
11	(3) It is the intent of the Legislature to place
12	primary responsibility for the planning and establishment of a
13	statewide inclusive trauma system with the department. The
14	department shall undertake the implementation of a statewide
15	inclusive trauma system as funding is available.
16	(4) The Legislature finds that significant benefits
17	are to be obtained by directing the coordination of activities
18	by several state agencies, relative to access to trauma care
19	and the provision of trauma care to all trauma victims. It is
20	the intent of the Legislature that the department, the Agency
21	for Health Care Administration, the Board of Medicine, and the
22	Board of Nursing establish interagency teams and agreements
23	for the development of guidelines, standards, and rules for
24	those portions of the inclusive state trauma system within the
25	statutory authority of each agency. This coordinated approach
26	will provide the necessary continuum of care for the trauma
27	victim from injury to final hospital discharge. The department
28	has the leadership responsibility for this activity.
29	(5) In addition, the agencies listed in subsection (4)
30	should undertake to:
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1	(a) Establish a coordinated methodology for
2	monitoring, evaluating, and enforcing the requirements of the
3	state's inclusive trauma system which recognizes the interests
4	of each agency.
5	(b) Develop appropriate roles for trauma agencies, to
6	assist in furthering the operation of trauma systems at the
7	regional level. This should include issues of system
8	evaluation as well as managed care.
9	(c) Develop and submit appropriate requests for
10	waivers of federal requirements which will facilitate the
11	delivery of trauma care.
12	(d) Develop criteria that will become the future basis
13	for mandatory consultation on the care of trauma victims and
14	mandatory transfer of appropriate trauma victims to trauma
15	centers.
16	(e) Develop a coordinated approach to the care of the
17	trauma victim. This shall include the movement of the trauma
18	victim through the system of care and the identification of
19	medical responsibility for each phase of care for
20	out-of-hospital and in-hospital trauma care.
21	(f) Require the medical director of an emergency
22	medical services provider to have medical accountability for a
23	trauma victim during interfacility transfer.
24	(6) Furthermore, the Legislature encourages the
25	department to actively foster the provision of trauma care and
26	serve as a catalyst for improvements in the process and
27	outcome of the provision of trauma care in an inclusive trauma
28	system. Among other considerations, the department is
29	encouraged to:
30	(a) Promote the development of at least one trauma
31	center in every trauma service area.
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1 (b) Promote the development of a trauma agency for 2 each trauma region. 3 (c) Update the state trauma system plan by December 4 2000 and at least every 5th year thereafter. 5 Section 2. Subsection (1) and paragraphs (c) and (n) б of subsection (2) of section 395.401, Florida Statutes, 1998 7 Supplement, are amended to read: 395.401 Trauma services system plans; verification of 8 9 trauma centers and pediatric trauma referral centers; 10 procedures; renewal.--11 (1) As used in this part, the term: "Agency" means the Agency for Health Care 12 (a) 13 Administration. 14 (b) "Charity care" or "uncompensated charity care" means that portion of hospital charges reported to the agency 15 for which there is no compensation for care provided to a 16 17 patient whose family income for the 12 months preceding the determination is less than or equal to 150 percent of the 18 19 federal poverty level, unless the amount of hospital charges 20 due from the patient exceeds 25 percent of the annual family income. However, in no case shall the hospital charges for a 21 22 patient whose family income exceeds four times the federal poverty level for a family of four be considered charity. 23 24 (C) "Department" means the Department of Health. 25 (d) "Level I trauma center" means a hospital that is determined by the department to be in substantial compliance 26 27 with trauma center and pediatric trauma referral center 28 verification standards as established by rule of the 29 department, and which: 1. Has formal research and education programs for the 30 31 enhancement of trauma care. 4

1 2. Serves as a resource facility to Level II trauma centers, pediatric trauma referral centers, and community 2 3 hospitals. 3. Ensures an organized system of trauma care. 4 5 "Level II trauma center" means a hospital that is (e) б determined by the department to be in substantial compliance 7 with trauma center verification standards as established by 8 rule of the department, and which: 9 1. Serves as a resource facility to community 10 hospitals. 11 2. Ensures an organized system of trauma care. (f) "Local trauma agency" means an agency established 12 13 and operated by a county or an entity with which the county 14 contracts for the purpose of administrative trauma services. (f)(g) "Pediatric trauma referral center" means a 15 hospital that is determined to be in substantial compliance 16 17 with pediatric trauma referral center standards as established 18 by rule of the department. 19 (h) "Regional trauma agency" means an agency created 20 and operated by two or more counties, or an entity with which 21 two or more counties contract, for the purpose of 22 administering trauma services. 23 (g)(i) "State-approved trauma center" means a hospital 24 that has successfully completed the state-approved selection 25 process pursuant to s. 395.4025 and has been approved by the 26 department to operate as a trauma center in the state. 27 (h)(;) "State-sponsored trauma center" means a 28 state-approved trauma center that receives state funding for 29 trauma care services. 30 (i) "Trauma agency" means an agency established and operated by one or more counties, or an entity with which one 31 5

1 or more counties contract, for the purpose of administering an 2 inclusive regional trauma system. 3 (j) "Trauma alert victim" means a person who has 4 incurred a single or multisystem injury due to blunt or 5 penetrating means or burns; who requires immediate medical б intervention or treatment; and who meets one or more of the adult or pediatric scorecard criteria established by the 7 8 department by rule. "Trauma center" means any hospital that has been 9 (k) 10 determined by the department to be in substantial compliance 11 with trauma center verification standards. "Trauma scorecard" means a statewide methodology 12 (1) adopted by the department by rule under which a person who has 13 14 incurred a traumatic injury is graded as to the severity of his or her injuries or illness and which methodology is used 15 as the basis for making destination decisions. 16 17 (m) "Trauma victim" means any person who has incurred 18 a single or multisystem life-threatening injury due to blunt 19 or penetrating means or burns and who requires immediate 20 medical intervention or treatment. 21 (2) (c) The department shall receive plans for the 22 implementation of inclusive trauma care systems from local and 23 24 regional trauma agencies. The department may approve or not 25 approve the local or regional trauma agency plans based on the conformance of the plan local or regional plans with this 26 section and ss. 395.4015, 395.404, and 395.4045 and the rules 27 28 adopted by the department pursuant to those sections. The 29 department shall approve or disapprove the plans within 120 30 days after the date the plans are submitted to the department. 31 6

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1	(n) After the submission of the initial local or
2	regional trauma care system plan, each local or regional
3	trauma agency shall, every 5th year, annually submit to the
4	department for approval an updated plan that which identifies
5	the changes, if any, to be made in the regional trauma care
6	system. The department shall approve or disapprove the updated
7	plan within 120 days after the date the plan is submitted to
8	the department. At least 60 days before the local or regional
9	trauma agency submits a plan for a trauma care system to the
10	department, the local or regional trauma agency shall hold a
11	public hearing and give adequate notice of the public hearing
12	to all hospitals and other interested parties in the area. A
13	local or regional trauma agency shall submit to the department
14	written notice of its intent to cease operation of the local
15	or regional trauma agency at least 90 days before the date on
16	which the local or regional trauma agency will cease
17	operation.
18	Section 3. Subsections (1) and (3) of section 395.402,
19	Florida Statutes, are amended to read:
20	395.402 Trauma service areas; number and location of
21	trauma centers
22	(1) The Legislature finds that it is appropriate to
23	recognize as a trauma patient someone with an injury severity
24	score (ISS) of 9 or greater. The Legislature also recognizes
25	that Level I and Level II trauma centers should each be
26	capable of annually treating a minimum of 1,000 and 500
27	patients, respectively, with an injury severity score <u>(ISS)</u> of
28	9 or greater. Further, the Legislature finds that, based on
29	the numbers and locations of trauma victims with these injury
30	severity scores, there should be 19 trauma service areas in
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1 the state, and, at a minimum, there should be at least one 2 trauma center in each service area. 3 (3) Trauma service areas are to be used. The department shall periodically review the assignment of the 67 4 5 counties to trauma service areas. These assignments are made б for the purpose of developing a system of trauma centers. 7 Revisions made by the department should take into 8 consideration the recommendations made as part of the regional trauma system plans approved by the department, as well as the 9 10 recommendations made as part of the state trauma system plan. 11 These areas must, at a minimum, be reviewed in the year 2000 and every 5 years thereafter. Until the department completes 12 its initial review, the assignment of counties shall remain as 13 established pursuant to chapter 90-284, Laws of Florida. The 14 following trauma service areas are to be utilized in 15 16 developing a system of state-sponsored trauma centers. These 17 areas are subject to periodic revision by the Legislature based on recommendations made as part of local or regional 18 19 trauma plans approved by the department pursuant to s. 395.401(2). These areas shall, at a minimum, be reviewed by 20 21 the Legislature prior to the next 7-year verification cycle of 22 state-sponsored trauma centers. (a) The following trauma service areas are hereby 23 24 established: 1. Trauma service area 1 shall consist of Escambia, 25 Okaloosa, Santa Rosa, and Walton Counties. 26 27 Trauma service area 2 shall consist of Bay, Gulf, 2. Holmes, and Washington Counties. 28 29 3. Trauma service area 3 shall consist of Calhoun, 30 Franklin, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison, 31 Taylor, and Wakulla Counties. 8

1 4. Trauma service area 4 shall consist of Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, 2 3 Levy, Putnam, Suwannee, and Union Counties. 4 5. Trauma service area 5 shall consist of Baker, Clay, 5 Duval, Nassau, and St. Johns Counties. б 6. Trauma service area 6 shall consist of Citrus, Hernando, and Marion Counties. 7 8 7. Trauma service area 7 shall consist of Flagler and 9 Volusia Counties. 10 8. Trauma service area 8 shall consist of Lake, 11 Orange, Osceola, Seminole, and Sumter Counties. Trauma service area 9 shall consist of Pasco and 12 9. 13 Pinellas Counties. 10. Trauma service area 10 shall consist of 14 15 Hillsborough County. 11. Trauma service area 11 shall consist of Hardee, 16 17 Highlands, and Polk Counties. 18 12. Trauma service area 12 shall consist of Brevard 19 and Indian River Counties. 13. Trauma service area 13 shall consist of DeSoto, 20 21 Manatee, and Sarasota Counties. 14. Trauma service area 14 shall consist of Martin, 22 Okeechobee, and St. Lucie Counties. 23 Trauma service area 15 shall consist of Charlotte, 24 15. 25 Glades, Hendry, and Lee Counties. Trauma service area 16 shall consist of Palm Beach 26 16. 27 County. 28 17. Trauma service area 17 shall consist of Collier 29 County. 30 Trauma service area 18 shall consist of Broward 18. 31 County. 9

1 19. Trauma service area 19 shall consist of Dade and 2 Monroe Counties. 3 (b) Each trauma service area should have at least one 4 Level I or Level II trauma center. 5 (c) There shall be no more than a total of 44 б state-sponsored trauma centers in the state. 7 Section 4. Subsection (1) of section 395.4045, Florida 8 Statutes, is amended to read: 9 395.4045 Emergency medical service providers; 10 transport of trauma victims to trauma centers .--11 (1) Each emergency medical services provider licensed under chapter 401 shall transport trauma alert victims to 12 13 hospitals approved as trauma centers, except as may be provided for either in department-approved local or regional 14 trauma transport protocol or, if no local or regional trauma 15 transport protocol is in effect, as provided for in a 16 17 department-approved provider's trauma transport protocol. 18 Development of regional trauma protocols shall be through 19 consultation with interested parties, including, but not 20 limited to, each approved trauma center; physicians specializing in trauma care, emergency care, and surgery in 21 the region; each trauma system administrator in the region; 22 and each emergency medical service provider in the region 23 24 licensed under chapter 401. Trauma alert victims shall be 25 identified through the use of a trauma scoring system. The department shall specify by rule the subjects to be included 26 in an emergency medical service provider's trauma transport 27 28 protocol and shall approve or disapprove each such protocol. 29 Section 5. This act shall take effect July 1, 1999. 30 31

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1	STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
2	COMMITTEE SUBSTITUTE FOR Senate Bill 2276
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4	Changes "trauma patients" to "trauma victims" where there is
5	no established provider/patient relationship; requires that Level I and Level II trauma centers should each have the capability of treating a minimum of 1,000 and 500 trauma
б	patients, respectively, with injury severity scores of 9 or greater annually; and requires Emergency Medical Services
7	providers to transport trauma alert victims to hospitals approved as trauma centers, except as provided in local or
8	regional trauma protocols or, if no local or regional trauma protocol is in effect, as provided for in a provider's
9	departmentally approved trauma protocol and that trauma alert victims be identified through the use of a trauma scoring
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