

STORAGE NAME: h1991s1.grr

DATE: April 14, 2000

**HOUSE OF REPRESENTATIVES
AS REVISED BY THE COMMITTEE ON
GOVERNMENTAL RULES & REGULATIONS
ANALYSIS**

BILL #: CS/HB 1991

RELATING TO: Trauma Services

SPONSOR(S): Committee on Governmental Rules & Regulations, Representatives Casey and Fasano

TIED BILL(S):

ORIGINATING COMMITTEE(S)/COMMITTEE(S) OF REFERENCE:

- (1) HEALTH CARE LICENSING & REGULATION YEAS 13 NAYS 0
 - (2) GOVERNMENTAL RULES & REGULATIONS YEAS 8 NAYS 0
 - (3) HEALTH & HUMAN SERVICES APPROPRIATIONS
 - (4)
 - (5)
-

I. SUMMARY:

Part II, chapter 395, F.S., regulates trauma centers in Florida and provides for the establishment of a state trauma system plan by the Department of Health.

The bill revises definitions relating to the provision of trauma services, and revises the minimum components for local and regional trauma services system plans, and the state trauma system plan. The bill provides for an inclusive statewide trauma system, revises the requirements for trauma transport protocols, and provides for certain uniform protocols. It revises the requirements relating to the trauma scoring system and the rules related to this system.

The bill authorizes the Department of Health to adopt and enforce rules necessary to administer this act.

The bill creates the Emergency Services Task Force. The task force will be co-chaired by the Secretary of Health or the secretary's designee and the Director of Health Care Administration or the director's designee. The task force will be appointed and convene by July 1, 2000, and will submit its recommendations in a report to the Speaker of the House of Representatives and the President of the Senate by January 1, 2001. The task force is charged with studying:

- the availability of specialty physician coverage for hospital emergency care;
- hospitals closing the emergency departments or diverting emergency medical services providers to other hospitals; and
- the impact of uncompensated care on the provision of emergency services and care.

The bill no fiscal impact on state government.

Except as otherwise provided, the act takes effect October 1, 2000.

II. SUBSTANTIVE ANALYSIS:

A. DOES THE BILL SUPPORT THE FOLLOWING PRINCIPLES:

- | | | | |
|-----------------------------------|------------------------------|--|---|
| 1. <u>Less Government</u> | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. <u>Lower Taxes</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 3. <u>Individual Freedom</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 4. <u>Personal Responsibility</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 5. <u>Family Empowerment</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |

For any principle that received a "no" above, please explain:

B. PRESENT SITUATION:

Part II, chapter 395, F.S., regulates trauma centers in Florida. Trauma centers treat individuals who have incurred a single or multisystem injury due to blunt or penetrating means or burns and who require immediate medical intervention or treatment. There are three types of trauma centers in Florida. Level I trauma centers provide both trauma and pediatric trauma services, and maintain research and education programs for the enhancement of trauma care. Level II trauma centers are not required to provide pediatric trauma care. The third type of trauma center in Florida is a pediatric trauma center, which provides pediatric trauma care. There are 20 approved trauma centers in Florida.

The Department of Health is required, pursuant to part II, chapter 395, F.S., to establish a state trauma system plan, which is intended to help ensure that all Floridians have access to trauma care services. The plan divides the state into trauma regions, which serve as the basis for the development of department-approved local or regional trauma plans. The plan also outlines procedures for establishing protocols for transporting victims to the appropriate trauma center.

In the recent past, events have occurred which have caused public concern over the ability of Floridians to access trauma care. In 1998, the Legislature commissioned the Department of Health to conduct a study to determine what improvements could be made to Florida's trauma care systems to make this type of care more accessible to all Floridians.

In 1999, the Department of Health submitted a report to the Legislature, entitled *Timely Access to Trauma Care*. That report indicated that Florida "lacks a statewide inclusive coordinated trauma system." The report found that "Florida's trauma system is fragmented, preventing patients who require trauma care from receiving timely access to trauma centers." It also identified lack of funding and lack of enforcement authority over all aspects of the trauma system as two contributing factors to the current status of Florida's trauma system. The department made several recommendations about how to address these concerns.

C. EFFECT OF PROPOSED CHANGES:

The bill establishes a new section of definitions that apply to all of part II, chapter 395, F.S., and creates new definitions for "interfacility trauma transfer" and "trauma transport protocol," terms which are currently used in substantive language without definition. It revises definitions for "trauma center," "level I trauma center," and "level II trauma center" to clarify usage of the terms found in substantive language.

This bill requires that state level trauma planning address the transportation of trauma victims to improve access to trauma care when this care is not available locally. The bill requires the department to use the statewide trauma system plan as a basis for implementing an inclusive trauma system.

The bill provides that each emergency medical services provider licensed under chapter 401, F.S., will transport victims to hospitals approved as trauma centers, except as provided for in either the trauma transport protocol approved for the provider or the protocol approved for the trauma agency responsible for the geographical area in which the provider operates.

This act allows a trauma agency to develop a uniform trauma transport protocol that is applicable to the licensed emergency medical services provider operating within the agency's geographical area.

Also, it provides that the scoring system through which trauma alert victims are identified must include an adult or pediatric assessment as specified in rule. The Department of Health will establish by rule the minimum criteria related to pre-hospital trauma transport, trauma center or hospital destination determinations, and interfacility transport. This bill provides that rules pertaining to air transportation of trauma victims will, at a minimum, be consistent with Federal Aviation Administration guidelines, and that emergency medical services providers will be subject to monitoring by the department to ensure compliance with requirements regarding the transport of trauma victims.

The bill grants authority to the department to adopt and enforce rules necessary to administer the provisions of this act.

D. SECTION-BY-SECTION ANALYSIS:

Section 1. Creates s. 395.4001, F.S., to provide definitions for part II, chapter 395, F.S.

Section 2. Amends s. 395.401, F.S., to delete definitions transferred to s. 395.4001, F.S., and to revise the minimum components for local and regional trauma systems plans.

Section 3. Amends s. 395.4015, F.S., to revise the minimum components for local and regional trauma systems plans.

Section 4. Amends s. 395.4025, F.S., to correct a cross-reference.

Section 5. Amends s. 395.4045, F.S., to revise requirements relating to trauma transport protocols and to provide for uniform protocols. Revises requirements regarding the trauma scoring system and its related rules. Provides that medical responsibility for trauma victims lies with the director of an emergency medical services provider during interfacility

transport. Requires the Department of Health to adopt rules necessary to implement this act.

Section 6. Amends s. 395.405, F.S., to revise certain provisions relating to the Department of Health's rulemaking authority regarding this part of chapter 395, F.S.

Section 7. Amends s. 395.50(8), F.S., to correct certain cross-references.

Section 8. Amends s. 322.0602(4)(a), F.S., to correct a cross-reference.

Section 9. Amends s. 440.13(12)(c), F.S., to correct a cross-reference.

Section 10. Creates the Emergency Services Task Force, appointed by the Secretary of Health or the secretary's designee and the Director of Health Care Administration or the director's designee; provides membership and directives for the task force; provides for repeal of the task force on July 1, 2001.

Section 11. Unless otherwise provided for in the bill, provides an effective date of October 1, 2000.

III. **FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:**

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. **Revenues:**

None.

2. **Expenditures:**

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. **Revenues:**

None.

2. **Expenditures:**

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

IV. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. APPLICABILITY OF THE MANDATES PROVISION:

This bill does not require counties or municipalities to expend funds or take action requiring the expenditure of funds.

B. REDUCTION OF REVENUE RAISING AUTHORITY:

This bill does not reduce the authority that municipalities or counties have to raise revenues in the aggregate.

C. REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:

This bill does not reduce the percentage of state tax shared with counties or municipalities.

V. COMMENTS:

A. CONSTITUTIONAL ISSUES:

None.

B. RULE-MAKING AUTHORITY:

The bill grants the Department of Health authority to adopt and enforce all rules necessary to administer the section and to specify the submission and approval process for trauma transport protocols or modifications to such protocols by trauma agencies and licensed emergency medical services providers.

C. OTHER COMMENTS:

None.

VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

At the March 30, 2000, meeting of the Committee on Health Care Licensing & Regulation, the following six amendments were adopted and traveled with the bill until the Committee on Governmental Rules & Regulations reported the bill favorably as a committee substitute on April 5, 2000:

Amendments 1 through 4: Technical. Amendments 1 and 3 provide clarifying language but do not change the intent of the original bill. Amendments 2 and 4 change incorrect cross-references.

Amendment 5: Creates a task force to study current issues relating to emergency services. It will convene by July 1, 2000, and submit its recommendations in a report to the Speaker of the House of Representatives and the President of the Senate by January 1, 2000. The task force will be staffed by the Department of Health. The task force is charged with studying:

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- the availability of specialty physician coverage for hospital emergency care;
- hospitals closing the emergency departments or diverting emergency medical services providers to other hospitals; and
- the impact of uncompensated care on the provision of emergency services and care.

Amendment 6: Amends the effective date to provide that the bill will take effect on October 1, 2000, except as provided in any other section of the bill.

On April 5, 2000, the Committee on Governmental Rules & Regulations adopted one amendment to Amendment 5 (adding a member to the task force) which was traveling with the bill. The bill was then reported favorably as a committee substitute.

VII. SIGNATURES:

COMMITTEE ON HEALTH CARE LICENSING & REGULATION:

Prepared by:

Staff Director:

Andrew "Andy" Palmer

Lucretia Shaw Collins

AS REVISED BY THE COMMITTEE ON GOVERNMENTAL RULES & REGULATIONS:

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