

By the Committee on Governmental Rules & Regulations and
Representatives Casey and Fasano

1 A bill to be entitled
2 An act relating to trauma services; creating s.
3 395.4001, F.S.; providing definitions; amending
4 s. 395.401, F.S.; deleting definitions;
5 revising minimum components for local and
6 regional trauma services system plans; amending
7 s. 395.4015, F.S.; revising minimum components
8 for state regional trauma system plans;
9 providing for a statewide inclusive trauma
10 system; amending s. 395.4045, F.S.; revising
11 requirements relating to trauma transport
12 protocols; providing for uniform protocols;
13 revising requirements relating to the trauma
14 scoring system and rules related thereto;
15 revising requirements relating to trauma
16 transport protocols and rules related thereto;
17 providing procedures prior to an interfacility
18 trauma transfer to ensure patient care and
19 safety; requiring the Department of Health to
20 adopt and enforce certain rules; amending s.
21 395.405, F.S.; providing rulemaking and
22 enforcement authority; amending ss. 395.4025,
23 395.50, 322.0602, and 440.13, F.S.; correcting
24 cross references; creating an emergency
25 services task force; providing membership;
26 providing for a study; requiring
27 recommendations and a report; providing for
28 repeal; providing effective dates.
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30 Be It Enacted by the Legislature of the State of Florida:
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1 Section 1. Section 395.4001, Florida Statutes, is
2 created to read:
3 395.4001 Definitions.--As used in this part, the term:
4 (1) "Agency" means the Agency for Health Care
5 Administration.
6 (2) "Charity care" or "uncompensated charity care"
7 means that portion of hospital charges reported to the agency
8 for which there is no compensation for care provided to a
9 patient whose family income for the 12 months preceding the
10 determination is less than or equal to 150 percent of the
11 federal poverty level, unless the amount of hospital charges
12 due from the patient exceeds 25 percent of the annual family
13 income. However, in no case shall the hospital charges for a
14 patient whose family income exceeds four times the federal
15 poverty level for a family of four be considered charity.
16 (3) "Department" means the Department of Health.
17 (4) "Interfacility trauma transfer" means the transfer
18 of a trauma victim between two facilities licensed under this
19 chapter, pursuant to this part.
20 (5) "Level I trauma center" means a trauma center
21 that:
22 (a) Has formal research and education programs for the
23 enhancement of trauma care and is determined by the department
24 to be in substantial compliance with Level I trauma center and
25 pediatric trauma referral center standards.
26 (b) Serves as a resource facility to Level II trauma
27 centers, pediatric trauma referral centers, and general
28 hospitals through shared outreach, education, and quality
29 improvement activities.
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- 1 (c) Participates in an inclusive system of trauma
2 care, including providing leadership, system evaluation, and
3 quality improvement activities.
- 4 (6) "Level II trauma center" means a trauma center
5 that:
- 6 (a) Is determined by the department to be in
7 substantial compliance with Level II trauma center standards.
- 8 (b) Serves as a resource facility to general hospitals
9 through shared outreach, education, and quality improvement
10 activities.
- 11 (c) Participates in an inclusive system of trauma
12 care.
- 13 (7) "Pediatric trauma referral center" means a
14 hospital that is determined by the department to be in
15 substantial compliance with pediatric trauma referral center
16 standards as established by rule of the department.
- 17 (8) "State-approved trauma center" means a hospital
18 that has successfully completed the selection process pursuant
19 to s. 395.4025 and has been approved by the department to
20 operate as a trauma center in the state.
- 21 (9) "State-sponsored trauma center" means a trauma
22 center or pediatric trauma referral center that receives state
23 funding for trauma care services under s. 395.403.
- 24 (10) "Trauma agency" means a department-approved
25 agency established and operated by one or more counties, or a
26 department-approved entity with which one or more counties
27 contract, for the purpose of administering an inclusive
28 regional trauma system.
- 29 (11) "Trauma alert victim" means a person who has
30 incurred a single or multisystem injury due to blunt or
31 penetrating means or burns, who requires immediate medical

1 intervention or treatment, and who meets one or more of the
2 adult or pediatric scorecard criteria established by the
3 department by rule.

4 (12) "Trauma center" means any hospital that has been
5 determined by the department to be in substantial compliance
6 with trauma center verification standards as either
7 state-approved or provisional state-approved.

8 (13) "Trauma scorecard" means a statewide methodology
9 adopted by the department by rule under which a person who has
10 incurred a traumatic injury is graded as to the severity of
11 his or her injuries or illness and which methodology is used
12 as the basis for making destination decisions.

13 (14) "Trauma transport protocol" means a document
14 which describes the policies, processes, and procedures
15 governing the dispatch of vehicles, the triage, prehospital
16 transport, and interfacility trauma transfer of trauma
17 victims.

18 (15) "Trauma victim" means any person who has incurred
19 a single or multisystem injury due to blunt or penetrating
20 means or burns and who requires immediate medical intervention
21 or treatment.

22 Section 2. Section 395.401, Florida Statutes, is
23 amended to read:

24 395.401 Trauma services system plans; verification of
25 trauma centers and pediatric trauma referral centers;
26 procedures; renewal.--

27 ~~(1) As used in this part, the term:~~

28 ~~(a) "Agency" means the Agency for Health Care~~
29 ~~Administration.~~

30 ~~(b) "Charity care" or "uncompensated charity care"~~
31 ~~means that portion of hospital charges reported to the agency~~

1 ~~for which there is no compensation for care provided to a~~
2 ~~patient whose family income for the 12 months preceding the~~
3 ~~determination is less than or equal to 150 percent of the~~
4 ~~federal poverty level, unless the amount of hospital charges~~
5 ~~due from the patient exceeds 25 percent of the annual family~~
6 ~~income. However, in no case shall the hospital charges for a~~
7 ~~patient whose family income exceeds four times the federal~~
8 ~~poverty level for a family of four be considered charity.~~
9 ~~(c) "Department" means the Department of Health.~~
10 ~~(d) "Level I trauma center" means a hospital that is~~
11 ~~determined by the department to be in substantial compliance~~
12 ~~with trauma center and pediatric trauma referral center~~
13 ~~verification standards as established by rule of the~~
14 ~~department, and which:~~
15 ~~1. Has formal research and education programs for the~~
16 ~~enhancement of trauma care.~~
17 ~~2. Serves as a resource facility to Level II trauma~~
18 ~~centers, pediatric trauma referral centers, and community~~
19 ~~hospitals.~~
20 ~~3. Ensures an organized system of trauma care.~~
21 ~~(e) "Level II trauma center" means a hospital that is~~
22 ~~determined by the department to be in substantial compliance~~
23 ~~with trauma center verification standards as established by~~
24 ~~rule of the department, and which:~~
25 ~~1. Serves as a resource facility to community~~
26 ~~hospitals.~~
27 ~~2. Ensures an organized system of trauma care.~~
28 ~~(f) "Pediatric trauma referral center" means a~~
29 ~~hospital that is determined to be in substantial compliance~~
30 ~~with pediatric trauma referral center standards as established~~
31 ~~by rule of the department.~~

1 ~~(g) "State approved trauma center" means a hospital~~
2 ~~that has successfully completed the state approved selection~~
3 ~~process pursuant to s. 395.4025 and has been approved by the~~
4 ~~department to operate as a trauma center in the state.~~

5 ~~(h) "State sponsored trauma center" means a~~
6 ~~state approved trauma center that receives state funding for~~
7 ~~trauma care services.~~

8 ~~(i) "Trauma agency" means an agency established and~~
9 ~~operated by one or more counties, or an entity with which one~~
10 ~~or more counties contract, for the purpose of administering an~~
11 ~~inclusive regional trauma system.~~

12 ~~(j) "Trauma alert victim" means a person who has~~
13 ~~incurred a single or multisystem injury due to blunt or~~
14 ~~penetrating means or burns; who requires immediate medical~~
15 ~~intervention or treatment; and who meets one or more of the~~
16 ~~adult or pediatric scorecard criteria established by the~~
17 ~~department by rule.~~

18 ~~(k) "Trauma center" means any hospital that has been~~
19 ~~determined by the department to be in substantial compliance~~
20 ~~with trauma center verification standards.~~

21 ~~(l) "Trauma scorecard" means a statewide methodology~~
22 ~~adopted by the department by rule under which a person who has~~
23 ~~incurred a traumatic injury is graded as to the severity of~~
24 ~~his or her injuries or illness and which methodology is used~~
25 ~~as the basis for making destination decisions.~~

26 ~~(m) "Trauma victim" means any person who has incurred~~
27 ~~a single or multisystem injury due to blunt or penetrating~~
28 ~~means or burns and who requires immediate medical intervention~~
29 ~~or treatment.~~

30 (1)(2)(a) The local and regional trauma agencies shall
31 plan, implement, and evaluate trauma services systems, in

1 accordance with this section and ss. 395.4015, 395.404, and
2 395.4045, which consist of organized patterns of readiness and
3 response services based on public and private agreements and
4 operational procedures.

5 (b) The local and regional trauma agencies shall
6 develop and submit to the department plans for local and
7 regional trauma services systems. The plans must include, at a
8 minimum, the following components:

9 1. The organizational structure of the trauma system.

10 2. Prehospital care management guidelines for triage
11 and transportation of trauma cases.

12 3. Flow patterns of trauma cases and transportation
13 system design and resources, including air transportation
14 services, ~~and~~ provision for interfacility trauma transfer, and
15 the prehospital transportation of trauma victims. The trauma
16 agency shall plan for the development of a system of
17 transportation of trauma alert victims to trauma centers where
18 the distance or time to a trauma center or transportation
19 resources diminish access by trauma alert victims.

20 4. The number and location of needed state-approved
21 trauma centers based on local needs, population, and location
22 and distribution of resources.

23 5. Data collection regarding system operation and
24 patient outcome.

25 6. Periodic performance evaluation of the trauma
26 system and its components.

27 7. The use of air transport services within the
28 jurisdiction of the local trauma agency.

29 8. Public information and education about the trauma
30 system.

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1 9. Emergency medical services communication system
2 usage and dispatching.

3 10. The coordination and integration between the
4 verified trauma care facility and the nonverified health care
5 facilities.

6 11. Medical control and accountability.

7 12. Quality control and system evaluation.

8 (c) The department shall receive plans for the
9 implementation of inclusive trauma systems from trauma
10 agencies. The department may approve or not approve trauma
11 agency plans based on the conformance of the plan with this
12 section and ss. 395.4015, 395.404, and 395.4045 and the rules
13 adopted by the department pursuant to those sections. The
14 department shall approve or disapprove the plans within 120
15 days after the date the plans are submitted to the department.

16 (d) A trauma agency shall not operate unless the
17 department has approved the local or regional trauma services
18 system plan of the agency.

19 (e) The department may grant an exception to a portion
20 of the rules adopted pursuant to this section or s. 395.4015
21 if the local or regional trauma agency proves that, as defined
22 in the rules, compliance with that requirement would not be in
23 the best interest of the persons served within the affected
24 local or regional trauma area.

25 (f) A local or regional trauma agency may implement a
26 trauma care system only if the system meets the minimum
27 standards set forth in the rules for implementation
28 established by the department and if the plan has been
29 submitted to, and approved by, the department. At least 60
30 days before the local or regional trauma agency submits the
31 plan for the trauma care system to the department, the local

1 or regional trauma agency shall hold a public hearing and give
2 adequate notice of the public hearing to all hospitals and
3 other interested parties in the area to be included in the
4 proposed system.

5 (g) Local or regional trauma agencies may enter into
6 contracts for the purpose of implementing the local or
7 regional plan. If local or regional agencies contract with
8 hospitals for trauma services, such agencies must contract
9 only with hospitals which are verified trauma centers.

10 (h) Local or regional trauma agencies providing
11 service for more than one county shall, as part of their
12 formation, establish interlocal agreements between or among
13 the several counties in the regional system.

14 (i) This section does not restrict the authority of a
15 health care facility to provide service for which it has
16 received a license pursuant to this chapter.

17 (j) Any hospital which is verified as a trauma center
18 shall accept all trauma victims that are appropriate for the
19 facility regardless of race, sex, creed, or ability to pay.

20 (k) It is unlawful for any hospital or other facility
21 to hold itself out as a trauma center unless it has been so
22 verified.

23 (l) A county, upon the recommendations of the local or
24 regional trauma agency, may adopt ordinances governing the
25 transport of a patient who is receiving care in the field from
26 prehospital emergency medical personnel when the patient meets
27 specific criteria for trauma, burn, or pediatric centers
28 adopted by the local or regional trauma agency. These
29 ordinances must be consistent with s. 395.4045, ordinances
30 adopted under s. 401.25(6), and the local or regional trauma
31 system plan and, to the furthest possible extent, must ensure

1 that individual patients receive appropriate medical care
2 while protecting the interests of the community at large by
3 making maximum use of available emergency medical care
4 resources.

5 (m) The local or regional trauma agency shall,
6 consistent with the regional trauma system plan, coordinate
7 and otherwise facilitate arrangements necessary to develop a
8 trauma services system.

9 (n) After the submission of the initial trauma system
10 plan, each trauma agency shall, every 5th year, submit to the
11 department for approval an updated plan that identifies the
12 changes, if any, to be made in the regional trauma system.

13 (o) This section does not preclude a local or regional
14 trauma agency from adopting trauma care system standards.

15 (2)~~(3)~~ The department shall adopt, by rule, standards
16 for verification of trauma centers based on national
17 guidelines, including those established by the American
18 College of Surgeons entitled "Hospital and Prehospital
19 Resources for Optimal Care of the Injured Patient" and
20 published appendices thereto. Standards specific to pediatric
21 trauma referral centers shall be developed in conjunction with
22 Children's Medical Services and adopted by rule of the
23 department.

24 (3)~~(4)~~ The department may withdraw local or regional
25 agency authority, prescribe corrective actions, or use the
26 administrative remedies as provided in s. 395.1065 for the
27 violation of any provision of this section and ss. 395.4015,
28 395.402, 395.4025, 395.403, 395.404, and 395.4045 or rules
29 adopted thereunder. All amounts collected pursuant to this
30 subsection shall be deposited into the Emergency Medical
31 Services Trust Fund provided in s. 401.34.

1 Section 3. Paragraphs (d), (l), and (n) of subsection
2 (2) of section 395.4015, Florida Statutes, are amended, and
3 subsection (4) is added to said section, to read:

4 395.4015 State regional trauma planning; trauma
5 regions.--

6 (2) The department shall develop trauma systems plans
7 for the department-defined trauma regions which include at a
8 minimum the following components:

9 (d) Flow patterns of trauma cases and transportation
10 system design and resources, including air transportation
11 services, ~~and~~ provision for interfacility trauma transfer, and
12 the prehospital transportation of trauma victims. The
13 department shall plan for the development of a system of
14 transportation of trauma alert victims to trauma centers where
15 the distance or time to a trauma center or transportation
16 resources diminish access by trauma alert victims.

17 (1) The coordination and integration between the
18 ~~state-sponsored trauma centers, verified~~ trauma centers, and
19 other health care facilities which may provide services to
20 trauma victims.

21 (n) Quality management control and system evaluation.

22 (4) The department shall use the state trauma system
23 plan as the basis for establishing a statewide inclusive
24 trauma system.

25 Section 4. Paragraph (b) of subsection (2) of section
26 395.4025, Florida Statutes, is amended to read:

27 395.4025 Selection of state-approved trauma centers.--

28 (2)

29 (b) By October 15, the department shall send to all
30 hospitals that submitted a letter of intent an application
31 package that will provide the hospitals with instructions for

1 submitting information to the department for selection as a
2 state-approved trauma center. The standards for verification
3 of trauma centers and pediatric trauma referral centers
4 provided for in s. 395.401(2)(3), as adopted by rule of the
5 department, shall serve as the basis for these instructions.

6 Section 5. Section 395.4045, Florida Statutes, is
7 amended to read:

8 395.4045 Emergency medical service providers; trauma
9 transport protocols; transport of trauma alert victims to
10 trauma centers; interfacility transfer.--

11 (1) Each emergency medical services provider licensed
12 under chapter 401 shall transport trauma alert victims to
13 hospitals approved as trauma centers, except as may be
14 provided for either in the department-approved local or
15 regional trauma transport protocol of the trauma agency for
16 the geographical area in which the emergency medical services
17 licensee provides services or, if no such department-approved
18 local or regional trauma transport protocol is in effect, as
19 provided for in a department-approved provider's trauma
20 transport protocol.

21 (2) A trauma agency may develop a uniform trauma
22 transport protocol that is applicable to the emergency medical
23 services licensees providing services within the geographical
24 boundaries of the trauma agency. Development of a uniform
25 trauma protocol by a trauma agency ~~regional trauma protocols~~
26 shall be through consultation with interested parties,
27 including, but not limited to, each approved trauma center;
28 physicians specializing in trauma care, emergency care, and
29 surgery in the region; each trauma system administrator in the
30 region; ~~and~~ each emergency medical service provider in the
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1 region licensed under chapter 401, and such providers'
2 respective medical directors.

3 (3) Trauma alert victims shall be identified through
4 the use of a trauma scoring system, including adult and
5 pediatric assessment as specified in rule of the department.
6 The rule shall also include the requirements of licensed
7 emergency medical services providers for performing and
8 documenting these assessments.

9 (4) The department shall specify by rule the subjects
10 and the minimum criteria related to prehospital trauma
11 transport, trauma center or hospital destination
12 determinations, and interfacility trauma transfer transport by
13 an emergency medical services provider to be included in a
14 trauma agency's or ~~an~~ emergency medical service provider's
15 trauma transport protocol and shall approve or disapprove each
16 such protocol. Trauma transport protocol rules pertaining to
17 the air transportation of trauma victims shall be consistent
18 with, but not limited to, applicable Federal Aviation
19 Administration regulation. Emergency medical services
20 licensees and trauma agencies shall be subject to monitoring
21 by the department, under ss. 395.401(4) and 402.31(1) for
22 compliance with requirements, as applicable, regarding trauma
23 transport protocols and the transport of trauma victims.

24 (5) If there is no department-approved trauma agency
25 trauma transport protocol for the geographical area in which
26 the emergency medical services license applicant intends to
27 provide services, as provided for in subsection (1), each
28 applicant for licensure as an emergency medical services
29 provider, under chapter 401, must submit and obtain department
30 approval of a trauma transport protocol prior to the
31 department granting a license. The department shall prescribe

1 by rule the submission and approval process for an applicant's
2 trauma transport protocols whether the applicant will be using
3 a trauma agency's or its own trauma transport protocol.

4 (6)(2) If an air ambulance service is available in the
5 trauma service area in which an emergency medical service
6 provider is located, trauma transport protocols shall not
7 provide for transport outside of the trauma service area
8 unless otherwise provided for by written mutual agreement. If
9 air ambulance service is not available and there is no
10 agreement for interagency transport of trauma patients between
11 two adjacent local or regional trauma agencies, both of which
12 include at least one approved trauma center, then the
13 transport of a trauma patient with an immediately
14 life-threatening condition shall be to the most appropriate
15 trauma center as defined pursuant to trauma transport
16 protocols approved by the department. The provisions of this
17 subsection shall apply only to those counties with a
18 population in excess of 1 million residents.

19 (7) Prior to an interfacility trauma transfer, the
20 emergency medical services provider's medical director or his
21 or her designee must agree, pursuant to protocols and
22 procedures in the emergency medical services provider's trauma
23 transport protocol, that the staff of the transport vehicle
24 has the medical skills, equipment, and resources to provide
25 anticipated patient care as proposed by the transferring
26 physician. The emergency medical services provider's medical
27 director or his or her designee may require appropriate
28 staffing, equipment, and resources to ensure proper patient
29 care and safety during transfer.

30 (8) The department shall adopt and enforce all rules
31 necessary to administer this section. The department shall

1 adopt and enforce rules to specify the submission and approval
2 process for trauma transport protocols or modifications to
3 trauma transport protocols by trauma agencies and licensed
4 emergency medical services providers.

5 Section 6. Section 395.405, Florida Statutes, is
6 amended to read:

7 395.405 Rulemaking authority.--The department shall
8 adopt and enforce all rules necessary to administer to
9 ~~implement~~ ss. 395.0199, 395.401, 395.4015, 395.402, 395.4025,
10 395.403, 395.404, and 395.4045.

11 Section 7. Subsection (8) of section 395.50, Florida
12 Statutes, is amended to read:

13 395.50 Quality assurance activities of trauma
14 agencies.--

15 (8) Nothing in this section, ss. 395.4001-395.405
16 ~~395.401-395.405~~, or s. 395.51 prohibits admitting into
17 evidence patient care, transport, or treatment records or
18 reports, or records or reports of the department in any civil
19 or administrative action brought by or involving the
20 department, excluding the name, residence or business address,
21 telephone number, social security or other identifying number,
22 or photograph of any person or the spouse, relative, or
23 guardian of such person or other patient-specific information
24 that otherwise identifies the patient, either directly or
25 indirectly.

26 Section 8. Paragraph (a) of subsection (4) of section
27 322.0602, Florida Statutes, is amended to read:

28 322.0602 Youthful Drunk Driver Visitation Program.--

29 (4) VISITATION REQUIREMENT.--

30 (a) To the extent that personnel and facilities are
31 made available to the court, the court may include a

1 requirement for supervised visitation by the probationer to
2 all, or any, of the following:

3 1. A trauma center, as defined in s. 395.4001 ~~395.401~~,
4 or a hospital as defined in s. 395.002, which regularly
5 receives victims of vehicle accidents, between the hours of 10
6 p.m. and 2 a.m. on a Friday or Saturday night, in order to
7 observe appropriate victims of vehicle accidents involving
8 drinking drivers, under the supervision of any of the
9 following:

10 a. A registered nurse trained in providing emergency
11 trauma care or prehospital advanced life support.

12 b. An emergency room physician.

13 c. An emergency medical technician.

14 2. A licensed service provider, as defined in s.
15 397.311, which cares for substance abuse impaired persons, to
16 observe persons in the terminal stages of substance abuse
17 impairment, under the supervision of appropriately licensed
18 medical personnel. Prior to any visitation of such terminally
19 ill or disabled persons, the persons or their legal
20 representatives must give their express consent to participate
21 in the visitation program.

22 3. If approved by the county coroner, the county
23 coroner's office or the county morgue to observe appropriate
24 victims of vehicle accidents involving drinking drivers, under
25 the supervision of the coroner or a deputy coroner.

26 Section 9. Paragraph (c) of subsection (12) of section
27 440.13, Florida Statutes, is amended to read:

28 440.13 Medical services and supplies; penalty for
29 violations; limitations.--

30 (12) CREATION OF THREE-MEMBER PANEL; GUIDES OF MAXIMUM
31 REIMBURSEMENT ALLOWANCES.--

1 (c) Reimbursement for all fees and other charges for
2 such treatment, care, and attendance, including treatment,
3 care, and attendance provided by any hospital or other health
4 care provider, ambulatory surgical center, work-hardening
5 program, or pain program, must not exceed the amounts provided
6 by the uniform schedule of maximum reimbursement allowances as
7 determined by the panel or as otherwise provided in this
8 section. This subsection also applies to independent medical
9 examinations performed by health care providers under this
10 chapter. Until the three-member panel approves a uniform
11 schedule of maximum reimbursement allowances and it becomes
12 effective, all compensable charges for treatment, care, and
13 attendance provided by physicians, ambulatory surgical
14 centers, work-hardening programs, or pain programs shall be
15 reimbursed at the lowest maximum reimbursement allowance
16 across all 1992 schedules of maximum reimbursement allowances
17 for the services provided regardless of the place of service.
18 In determining the uniform schedule, the panel shall first
19 approve the data which it finds representative of prevailing
20 charges in the state for similar treatment, care, and
21 attendance of injured persons. Each health care provider,
22 health care facility, ambulatory surgical center,
23 work-hardening program, or pain program receiving workers'
24 compensation payments shall maintain records verifying their
25 usual charges. In establishing the uniform schedule of maximum
26 reimbursement allowances, the panel must consider:

- 27 1. The levels of reimbursement for similar treatment,
28 care, and attendance made by other health care programs or
29 third-party providers;
- 30 2. The impact upon cost to employers for providing a
31 level of reimbursement for treatment, care, and attendance

1 which will ensure the availability of treatment, care, and
2 attendance required by injured workers;

3 3. The financial impact of the reimbursement
4 allowances upon health care providers and health care
5 facilities, including trauma centers as defined in s. 395.4001
6 ~~395.401~~, and its effect upon their ability to make available
7 to injured workers such medically necessary remedial
8 treatment, care, and attendance. The uniform schedule of
9 maximum reimbursement allowances must be reasonable, must
10 promote health care cost containment and efficiency with
11 respect to the workers' compensation health care delivery
12 system, and must be sufficient to ensure availability of such
13 medically necessary remedial treatment, care, and attendance
14 to injured workers; and

15 4. The most recent average maximum allowable rate of
16 increase for hospitals determined by the Health Care Board
17 under chapter 408.

18 Section 10. Emergency Services Task Force.--

19 (1) Effective July 1, 2000, there is hereby created
20 the Emergency Services Task Force. The task force shall be
21 appointed by the Secretary of Health and the Director of
22 Health Care Administration and shall consist of:

23 (a) The Secretary of Health or the secretary's
24 designee.

25 (b) The Director of Health Care Administration or the
26 director's designee.

27 (c) One representative from the Executive Office of
28 the Governor.

29 (d) One representative from a nonprofit hospital.
30 (e) One representative from a for-profit hospital.
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- 1 (f) One representative from a statutory rural
2 hospital.
- 3 (g) One representative from a statutory teaching
4 hospital.
- 5 (h) One emergency physician.
- 6 (i) Two physicians from a specialty utilized in the
7 provision of emergency services and care.
- 8 (j) One physician representing the Board of Medicine.
- 9 (k) One representative from a private emergency
10 medical services provider.
- 11 (l) One representative from a county emergency medical
12 services provider.
- 13 (m) One representative from a municipal emergency
14 medical services provider.
- 15 (n) One emergency medical services medical director.
- 16 (o) One trauma physician-surgeon.
- 17 (2) Sponsoring agencies or organizations must fund the
18 travel and related expenses of their appointed members on the
19 task force. The task force shall be staffed by employees of
20 the Department of Health.
- 21 (3) The task force shall study and make
22 recommendations concerning:
- 23 (a) Trends and issues relating to legislative,
24 regulatory, or private sector solutions for handling staffing
25 and coverage of physicians and other ancillary services and
26 providers relative to provision of hospital-based emergency
27 services and care.
- 28 (b) Trends and issues relating to legislative,
29 regulatory, local community, or other solutions for the
30 handling of hospital diversion of emergency medical services
31 or closure of hospital emergency departments.

1 (c) The impact of unfunded mandates and uncompensated
2 care on the provision of emergency services and care,
3 including, but not limited to, the costs of uncompensated or
4 under-compensated care borne by physicians, hospitals, and
5 emergency medical services providers in Florida relative to
6 emergency services and care; the impact of uncompensated or
7 under-compensated care on maintaining hospital-based emergency
8 services and care; the costs and effects of financing
9 24-hours-a-day, 365-days-a-year availability of emergency
10 services and care; the costs and availability of physician
11 coverage; and the impact of uncompensated or under-compensated
12 care on emergency medical services.

13 (d) The factors affecting specialty physician coverage
14 of emergency services and care and recommendations for
15 addressing specialty physician emergency care coverage in
16 Florida hospitals or communities.

17 (e) The factors affecting diversion of emergency
18 medical services or closing of hospitals to emergency medical
19 services; recommendations that address the handling of such
20 occurrences relative to the continued provision of emergency
21 medical services within the community; and development of
22 recommendations for policies or procedures relative to
23 handling such diversion or closing of hospital emergency
24 medical facilities.

25 (4) The task force shall be appointed and convened by
26 July 1, 2000, and shall meet in Tallahassee or in other areas
27 of the state as agreed upon by the Secretary of Health and the
28 Director of Health Care Administration. The task force shall
29 submit its recommendations in a report, by January 1, 2001, to
30 the President of the Senate and the Speaker of the House of
31 Representatives.

1 (5) This section shall be repealed on July 1, 2001.
2 Section 11. Except as otherwise provided herein, this
3 act shall take effect October 1, 2000.
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