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 2624								
SPONSOR:	Health, Aging and Long-Term Care Committee and Senator Myers								
SUBJECT:	Trauma Services								
DATE:	April 18, 2000	REVISED:							
1. <u>Liem</u> 2.	ANALYST	STAFF DIRECTOR Wilson	REFERENCE HC	ACTION Favorable/CS					
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I. Summary:

Committee Substitute for Senate Bill 2624 revises definitions relating to the provision of trauma services. It also 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 provides that medical directors of emergency medical services providers are responsible for trauma victims during interfacility trauma transfer, and gives them the authority to require appropriate staffing, equipment and resources to ensure proper patient care.

The bill creates the Emergency Services Task Force and authorizes the Department of Health to adopt and enforce rules necessary to implement this act.

The bill amends ss. 395.401, 395.4015, 395.4025, 395.4045, 395.405, 395.50, 322.0602, and 440.13, F.S. The bill creates 395.4001, F.S., and an undesignated section of law.

II. Present Situation:

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.

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 center verification, 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.

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There are three types of trauma centers in Florida. Level I trauma centers provide both trauma and pediatric trauma services. They also 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. 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.

The Department of Health is required, pursuant to part II, chapter 395, F.S., to establish a state trauma system plan. 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. The plan is intended to help ensure that all Floridians have access to trauma care services.

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.

III. Effect of Proposed Changes:

The bill removes definitions from s. 395.401, F.S., and establishes a new section of definitions that apply to all of part II, chapter 395, F.S. The bill creates new definitions for "interfacility trauma transfer" and "trauma transport protocol," which are currently used in substantive language without definition. It revises definitions for "trauma center," "level I trauma center," and "level II trauma center."

This bill requires that state and local 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 state trauma system plan as a basis for implementing an inclusive trauma system.

The bill requires each emergency medical services provider licensed under chapter 401, F.S., to 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. The bill 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, the bill 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 prehospital trauma transport, trauma center or hospital destination determinations, and interfacility transport. Prior to an interfacility transport, the emergency medical services provider's medical director (or his designee) must agree that the staff of the transport vehicle has the skills, equipment and resources to provide the care the

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patient is anticipated to need, and allows the medical director or designee to require appropriate staffing, equipment and resources to ensure proper patient care and safety during transfer. The bill provides that rules pertaining to air transportation of trauma victims will, at a minimum, be consistent with Federal Aviation Administration guidelines.

The bill provides that the medical director of an emergency medical services provider will have medical responsibility and accountability for all trauma victims during an interfacility transfer. It grants authority to the department to adopt and enforce rules necessary to administer the provisions of the act.

The bill establishes an advisory 14 member Emergency Medical Services Task Force to study and make recommendations regarding several issues related to the provision and financing of emergency medical care services.

The bill amends several other sections of the Florida Statutes to correct cross references and provides an effective date of October 1, 2000, or as otherwise provided.

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:

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None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Amendments:

None.

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This Senate staff analysis does not reflect the intent or official position of the bill's sponsor or the Florida Senate.