

Amendment No. (for drafter's use only)

CHAMBER ACTION

Senate

House

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1 Representative Kyle offered the following:

2
3 **Amendment (with title amendment)**

4 Remove everything after the enacting clause and insert:

5 Section 1. Subsection (4) of section 212.055, Florida
6 Statutes, is amended to read:

7 212.055 Discretionary sales surtaxes; legislative intent;
8 authorization and use of proceeds.--It is the legislative intent
9 that any authorization for imposition of a discretionary sales
10 surtax shall be published in the Florida Statutes as a
11 subsection of this section, irrespective of the duration of the
12 levy. Each enactment shall specify the types of counties
13 authorized to levy; the rate or rates which may be imposed; the
14 maximum length of time the surtax may be imposed, if any; the
15 procedure which must be followed to secure voter approval, if
16 required; the purpose for which the proceeds may be expended;

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17 and such other requirements as the Legislature may provide.
18 Taxable transactions and administrative procedures shall be as
19 provided in s. 212.054.

20 (4) INDIGENT CARE AND TRAUMA CENTER SURTAX.--

21 (a)1. The governing body in each county the government of
22 which is not consolidated with that of one or more
23 municipalities, which has a population of at least 800,000
24 residents and is not authorized to levy a surtax under
25 subsection (5), may levy, pursuant to an ordinance either
26 approved by an extraordinary vote of the governing body or
27 conditioned to take effect only upon approval by a majority vote
28 of the electors of the county voting in a referendum, a
29 discretionary sales surtax at a rate that may not exceed 0.5
30 percent.

31 2.~~(b)~~ If the ordinance is conditioned on a referendum, a
32 statement that includes a brief and general description of the
33 purposes to be funded by the surtax and that conforms to the
34 requirements of s. 101.161 shall be placed on the ballot by the
35 governing body of the county. The following questions shall be
36 placed on the ballot:

37
38 FOR THE. . . .CENTS TAX

39
40 AGAINST THE. . . .CENTS TAX

41
42 3.~~(e)~~ The ordinance adopted by the governing body
43 providing for the imposition of the surtax shall set forth a
44 plan for providing health care services to qualified residents,

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45 as defined in subparagraph 4. ~~paragraph (d).~~ Such plan and
46 subsequent amendments to it shall fund a broad range of health
47 care services for both indigent persons and the medically poor,
48 including, but not limited to, primary care and preventive care
49 as well as hospital care. The plan must also address the
50 services to be provided by the Level I trauma center. It shall
51 emphasize a continuity of care in the most cost-effective
52 setting, taking into consideration both a high quality of care
53 and geographic access. Where consistent with these objectives,
54 it shall include, without limitation, services rendered by
55 physicians, clinics, community hospitals, mental health centers,
56 and alternative delivery sites, as well as at least one regional
57 referral hospital where appropriate. It shall provide that
58 agreements negotiated between the county and providers,
59 including hospitals with a Level I trauma center, will include
60 reimbursement methodologies that take into account the cost of
61 services rendered to eligible patients, recognize hospitals that
62 render a disproportionate share of indigent care, provide other
63 incentives to promote the delivery of charity care, promote the
64 advancement of technology in medical services, recognize the
65 level of responsiveness to medical needs in trauma cases, and
66 require cost containment including, but not limited to, case
67 management. It must also provide that any hospitals that are
68 owned and operated by government entities on May 21, 1991, must,
69 as a condition of receiving funds under this subsection, afford
70 public access equal to that provided under s. 286.011 as to
71 meetings of the governing board, the subject of which is
72 budgeting resources for the rendition of charity care as that

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73 term is defined in the Florida Hospital Uniform Reporting System
74 (FHURS) manual referenced in s. 408.07. The plan shall also
75 include innovative health care programs that provide cost-
76 effective alternatives to traditional methods of service
77 delivery and funding.

78 ~~4.(d)~~ For the purpose of this paragraph subsection, the
79 term "qualified resident" means residents of the authorizing
80 county who are:

81 ~~a.1.~~ Qualified as indigent persons as certified by the
82 authorizing county;

83 ~~b.2.~~ Certified by the authorizing county as meeting the
84 definition of the medically poor, defined as persons having
85 insufficient income, resources, and assets to provide the needed
86 medical care without using resources required to meet basic
87 needs for shelter, food, clothing, and personal expenses; or not
88 being eligible for any other state or federal program, or having
89 medical needs that are not covered by any such program; or
90 having insufficient third-party insurance coverage. In all
91 cases, the authorizing county is intended to serve as the payor
92 of last resort; or

93 ~~c.3.~~ Participating in innovative, cost-effective programs
94 approved by the authorizing county.

95 ~~5.(e)~~ Moneys collected pursuant to this paragraph
96 ~~subsection~~ remain the property of the state and shall be
97 distributed by the Department of Revenue on a regular and
98 periodic basis to the clerk of the circuit court as ex officio
99 custodian of the funds of the authorizing county. The clerk of
100 the circuit court shall:

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101 ~~a.1.~~ Maintain the moneys in an indigent health care trust
102 fund;

103 ~~b.2.~~ Invest any funds held on deposit in the trust fund
104 pursuant to general law;

105 ~~c.3.~~ Disburse the funds, including any interest earned, to
106 any provider of health care services, as provided in
107 subparagraphs 3. and 4. ~~paragraphs (c) and (d)~~, upon directive
108 from the authorizing county. However, if a county has a
109 population of at least 800,000 residents and has levied the
110 surtax authorized in this paragraph subsection, notwithstanding
111 any directive from the authorizing county, on October 1 of each
112 calendar year, the clerk of the court shall issue a check in the
113 amount of \$6.5 million to a hospital in its jurisdiction that
114 has a Level I trauma center or shall issue a check in the amount
115 of \$3.5 million to a hospital in its jurisdiction that has a
116 Level I trauma center if that county enacts and implements a
117 hospital lien law in accordance with chapter 98-499, Laws of
118 Florida. The issuance of the checks on October 1 of each year is
119 provided in recognition of the Level I trauma center status and
120 shall be in addition to the base contract amount received during
121 fiscal year 1999-2000 and any additional amount negotiated to
122 the base contract. If the hospital receiving funds for its Level
123 I trauma center status requests such funds to be used to
124 generate federal matching funds under Medicaid, the clerk of the
125 court shall instead issue a check to the Agency for Health Care
126 Administration to accomplish that purpose to the extent that it
127 is allowed through the General Appropriations Act; and

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128 d.4. Prepare on a biennial basis an audit of the trust
129 fund specified in sub-subparagraph a. ~~subparagraph 1.~~ Commencing
130 February 1, 2004, such audit shall be delivered to the governing
131 body and to the chair of the legislative delegation of each
132 authorizing county.

133 6.(f) Notwithstanding any other provision of this section,
134 a county shall not levy local option sales surtaxes authorized
135 in this paragraph ~~subsection~~ and subsections (2) and (3) in
136 excess of a combined rate of 1 percent.

137 (b) Notwithstanding any other provision of this section,
138 the governing body in each county the government of which is not
139 consolidated with that of one or more municipalities and which
140 has a population of less than 800,000 residents, may levy, by
141 ordinance subject to approval by a majority of the electors of
142 the county voting in a referendum, a discretionary sales surtax
143 at a rate that may not exceed 0.25 percent for the sole purpose
144 of funding trauma services provided by a trauma center licensed
145 pursuant to chapter 395.

146 1. A statement that includes a brief and general
147 description of the purposes to be funded by the surtax and that
148 conforms to the requirements of s. 101.161 shall be placed on
149 the ballot by the governing body of the county. The following
150 shall be placed on the ballot:

151
152 FOR THE. . . .CENTS TAX
153 AGAINST THE. . . .CENTS TAX
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155 2. The ordinance adopted by the governing body of the
156 county providing for the imposition of the surtax shall set
157 forth a plan for providing trauma services to trauma victims
158 presenting in the trauma service area in which such county is
159 located.

160 3. Moneys collected pursuant to this paragraph remain the
161 property of the state and shall be distributed by the Department
162 of Revenue on a regular and periodic basis to the clerk of the
163 circuit court as ex officio custodian of the funds of the
164 authorizing county. The clerk of the circuit court shall:

165 a. Maintain the moneys in a trauma services trust fund.

166 b. Invest any funds held on deposit in the trust fund
167 pursuant to general law.

168 c. Disburse the funds, including any interest earned on
169 such funds, to the trauma center in its trauma service area, as
170 provided in the plan set forth pursuant to subparagraph 2., upon
171 directive from the authorizing county. If the trauma center
172 receiving funds requests such funds be used to generate federal
173 matching funds under Medicaid, the custodian of the funds shall
174 instead issue a check to the Agency for Health Care
175 Administration to accomplish that purpose to the extent that the
176 agency is allowed through the General Appropriations Act.

177 d. Prepare on a biennial basis an audit of the trauma
178 services trust fund specified in sub-subparagraph a., to be
179 delivered to the authorizing county.

180 4. A discretionary sales surtax imposed pursuant to this
181 paragraph shall expire 4 years after the effective date of the
182 surtax, unless reenacted by ordinance subject to approval by a

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183 majority of the electors of the county voting in a subsequent
184 referendum.

185 5. Notwithstanding any other provision of this section, a
186 county shall not levy local option sales surtaxes authorized in
187 this paragraph and subsections (2) and (3) in excess of a
188 combined rate of 1 percent.

189 Section 2. Subsections (5) and (6) of section 395.40,
190 Florida Statutes, are amended to read:

191 395.40 Legislative findings and intent.--

192 (5) In addition, the agencies listed in subsection (4)
193 should undertake to:

194 (a) Establish a coordinated methodology for monitoring,
195 evaluating, and enforcing the requirements of the state's
196 inclusive trauma system which recognizes the interests of each
197 agency.

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

202 (c) Develop and submit appropriate requests for waivers of
203 federal requirements which will facilitate the delivery of
204 trauma care.

205 (d) Develop criteria that will become the future basis for
206 ~~mandatory~~ consultation between acute care hospitals and trauma
207 centers on the care of trauma victims and the mandatory transfer
208 of appropriate trauma victims to trauma centers.

209 (e) Develop a coordinated approach to the care of the
210 trauma victim. This shall include the movement of the trauma

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211 victim through the system of care and the identification of
212 medical responsibility for each phase of care for out-of-
213 hospital and in-hospital trauma care.

214 (f) Require the medical director of an emergency medical
215 services provider to have medical accountability for a trauma
216 victim during interfacility transfer.

217 (6) Furthermore, the Legislature encourages the department
218 to actively foster the provision of trauma care and serve as a
219 catalyst for improvements in the process and outcome of the
220 provision of trauma care in an inclusive trauma system. Among
221 other considerations, the department is required ~~encouraged~~ to:

222 (a) Promote the development of at least one trauma center
223 in every trauma service area.

224 (b) Promote the development of a trauma agency for each
225 trauma region.

226 (c) Update the state trauma system plan by February 2005
227 ~~December 2000~~ and at least annually ~~every 5th year~~ thereafter.

228 Section 3. Section 395.4001, Florida Statutes, is amended
229 to read:

230 395.4001 Definitions.--As used in this part, the term:

231 (1) "Agency" means the Agency for Health Care
232 Administration.

233 (2) "Charity care" or "uncompensated trauma ~~charity~~ care"
234 means that portion of hospital charges reported to the agency
235 for which there is no compensation, other than restricted or
236 unrestricted revenues provided to a hospital by local governments
237 or tax districts regardless of method of payment, for care
238 provided to a patient whose family income for the 12 months

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239 preceding the determination is less than or equal to 200 ~~150~~
240 percent of the federal poverty level, unless the amount of
241 hospital charges due from the patient exceeds 25 percent of the
242 annual family income. However, in no case shall the hospital
243 charges for a patient whose family income exceeds four times the
244 federal poverty level for a family of four be considered
245 charity.

246 (3) "Department" means the Department of Health.

247 (4) "Interfacility trauma transfer" means the transfer of
248 a trauma victim between two facilities licensed under this
249 chapter, pursuant to this part.

250 (5) "Level I trauma center" means a trauma center that:

251 (a) Has formal research and education programs for the
252 enhancement of trauma care; and is verified ~~determined~~ by the
253 department to be in substantial compliance with Level I trauma
254 center and pediatric trauma ~~referral~~ center standards; and has
255 been approved by the department to operate as a Level I trauma
256 center.

257 (b) Serves as a resource facility to Level II trauma
258 centers, pediatric trauma referral centers, and general
259 hospitals through shared outreach, education, and quality
260 improvement activities.

261 (c) Participates in an inclusive system of trauma care,
262 including providing leadership, system evaluation, and quality
263 improvement activities.

264 (6) "Level II trauma center" means a trauma center that:

265 (a) Is verified ~~determined~~ by the department to be in
266 substantial compliance with Level II trauma center standards and

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267 has been approved by the department to operate as a Level II
268 trauma center.

269 (b) Serves as a resource facility to general hospitals
270 through shared outreach, education, and quality improvement
271 activities.

272 (c) Participates in an inclusive system of trauma care.

273 (7) "Pediatric trauma referral center" means a hospital
274 that is verified ~~determined~~ by the department to be in
275 substantial compliance with pediatric trauma ~~referral~~ center
276 standards as established by rule of the department and has been
277 approved by the department to operate as a pediatric trauma
278 center.

279 (8) "Provisional trauma center" means a hospital that has
280 been verified by the department to be in substantial compliance
281 with the requirements in s. 395.4025 and has been approved by the
282 department to operate as a provisional Level I trauma center,
283 Level II trauma center, or pediatric trauma center.

284 ~~(8) "State-approved trauma center" means a hospital that~~
285 ~~has successfully completed the selection process pursuant to s.~~
286 ~~395.4025 and has been approved by the department to operate as a~~
287 ~~trauma center in the state.~~

288 ~~(9) "State-sponsored trauma center" means a trauma center~~
289 ~~or pediatric trauma referral center that receives state funding~~
290 ~~for trauma care services under s. 395.403.~~

291 (9)(10) "Trauma agency" means a department-approved agency
292 established and operated by one or more counties, or a
293 department-approved entity with which one or more counties
294 contract, for the purpose of administering an inclusive regional
295 trauma system.

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296 (10)~~(11)~~ "Trauma alert victim" means a person who has
297 incurred a single or multisystem injury due to blunt or
298 penetrating means or burns, who requires immediate medical
299 intervention or treatment, and who meets one or more of the
300 adult or pediatric scorecard criteria established by the
301 department by rule.

302 (11)~~(12)~~ "Trauma center" means a any hospital that has
303 been verified ~~determined~~ by the department to be in substantial
304 compliance with the requirements in s. 395.4025 and has been
305 approved by the department to operate as a Level I trauma center,
306 Level II trauma center, or pediatric trauma center ~~verification~~
307 ~~standards as either state-approved or provisional state-~~
308 ~~approved.~~

309 (12)~~(13)~~ "Trauma scorecard" means a statewide methodology
310 adopted by the department by rule under which a person who has
311 incurred a traumatic injury is graded as to the severity of his
312 or her injuries or illness and which methodology is used as the
313 basis for making destination decisions.

314 (13)~~(14)~~ "Trauma transport protocol" means a document
315 which describes the policies, processes, and procedures
316 governing the dispatch of vehicles, the triage, prehospital
317 transport, and interfacility trauma transfer of trauma victims.

318 (14)~~(15)~~ "Trauma victim" means any person who has incurred
319 a single or multisystem injury due to blunt or penetrating means
320 or burns and who requires immediate medical intervention or
321 treatment.

322 Section 4. Subsection (1) of section 395.401, Florida
323 Statutes, is amended to read:

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324 395.401 Trauma services system plans; approval
325 ~~verification~~ of trauma centers and pediatric trauma ~~referral~~
326 centers; procedures; renewal.--

327 (1) (a) The local and regional trauma agencies shall plan,
328 implement, and evaluate trauma services systems, in accordance
329 with this section and ss. 395.4015, 395.404, and 395.4045, which
330 consist of organized patterns of readiness and response services
331 based on public and private agreements and operational
332 procedures. The department shall establish, by rule, processes
333 and procedures for establishing a trauma agency and obtaining
334 its approval from the department.

335 (b) The local and regional trauma agencies shall develop
336 and submit to the department plans for local and regional trauma
337 services systems. The plans must include, at a minimum, the
338 following components:

339 1. The organizational structure of the trauma system.

340 2. Prehospital care management guidelines for triage and
341 transportation of trauma cases.

342 3. Flow patterns of trauma cases and transportation system
343 design and resources, including air transportation services,
344 provision for interfacility trauma transfer, and the prehospital
345 transportation of trauma victims. The trauma agency shall plan
346 for the development of a system of transportation of trauma
347 alert victims to trauma centers where the distance or time to a
348 trauma center or transportation resources diminish access by
349 trauma alert victims.

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350 4. The number and location of needed ~~state-approved~~ trauma
351 centers based on local needs, population, and location and
352 distribution of resources.

353 5. Data collection regarding system operation and patient
354 outcome.

355 6. Periodic performance evaluation of the trauma system
356 and its components.

357 7. The use of air transport services within the
358 jurisdiction of the local trauma agency.

359 8. Public information and education about the trauma
360 system.

361 9. Emergency medical services communication system usage
362 and dispatching.

363 10. The coordination and integration between the ~~verified~~
364 trauma center ~~care facility~~ and other acute care hospitals ~~the~~
365 ~~nonverified health care facilities~~.

366 11. Medical control and accountability.

367 12. Quality control and system evaluation.

368 (c) The department shall receive plans for the
369 implementation of inclusive trauma systems from trauma agencies.
370 The department may approve or not approve trauma agency plans
371 based on the conformance of the plan with this section and ss.
372 395.4015, 395.404, and 395.4045 and the rules and definitions
373 adopted by the department pursuant to those sections. The
374 department shall approve or disapprove the plans within 120 days
375 after the date the plans are submitted to the department. The
376 department shall, by rule, provide an application process for
377 establishing a trauma agency. The application must, at a

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378 minimum, provide requirements for the trauma agency plan
379 submitted for review, a process for reviewing the application
380 for a ~~state-approved~~ trauma agency, a process for reviewing the
381 trauma transport protocols for the trauma agency, and a process
382 for reviewing the staffing requirements for the agency. The
383 department shall, by rule, establish minimum requirements for a
384 trauma agency to conduct an annual performance evaluation and
385 submit the results to the department.

386 (d) A trauma agency shall not operate unless the
387 department has approved the local or regional trauma services
388 system plan of the agency.

389 (e) The department may grant an exception to a portion of
390 the rules adopted pursuant to this section or s. 395.4015 if the
391 local or regional trauma agency proves that, as defined in the
392 rules, compliance with that requirement would not be in the best
393 interest of the persons served within the affected local or
394 regional trauma area.

395 (f) A local or regional trauma agency may implement a
396 trauma care system only if the system meets the minimum
397 standards set forth in the rules for implementation established
398 by the department and if the plan has been submitted to, and
399 approved by, the department. At least 60 days before the local
400 or regional trauma agency submits the plan for the trauma care
401 system to the department, the local or regional trauma agency
402 shall hold a public hearing and give adequate notice of the
403 public hearing to all hospitals and other interested parties in
404 the area to be included in the proposed system.

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405 (g) Local or regional trauma agencies may enter into
406 contracts for the purpose of implementing the local or regional
407 plan. If local or regional agencies contract with hospitals for
408 trauma services, such agencies must contract only with hospitals
409 which are verified trauma centers.

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

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

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

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

423 (l) A county, upon the recommendations of the local or
424 regional trauma agency, may adopt ordinances governing the
425 transport of a patient who is receiving care in the field from
426 prehospital emergency medical personnel when the patient meets
427 specific criteria for trauma, burn, or pediatric centers adopted
428 by the local or regional trauma agency. These ordinances must be
429 consistent with s. 395.4045, ordinances adopted under s.
430 401.25(6), and the local or regional trauma system plan and, to
431 the furthest possible extent, must ensure that individual
432 patients receive appropriate medical care while protecting the

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433 interests of the community at large by making maximum use of
434 available emergency medical care resources.

435 (m) The local or regional trauma agency shall, consistent
436 with the regional trauma system plan, coordinate and otherwise
437 facilitate arrangements necessary to develop a trauma services
438 system.

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

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

445 Section 5. Section 395.4015, Florida Statutes, is amended
446 to read:

447 395.4015 State regional trauma planning; trauma regions.--

448 (1) The department shall establish a state trauma system
449 plan. As part of the state trauma system plan, the department
450 shall establish trauma regions that ~~which~~ cover all geographical
451 areas of the state and have boundaries that are coterminous with
452 the boundaries of the regional domestic security task forces
453 established under s. 943.0312. These regions may serve as the
454 basis for the development of department-approved local or
455 regional trauma plans. However, the delivery of trauma services
456 by or in coordination with a trauma agency established before
457 July 1, 2004, may continue in accordance with public and private
458 agreements and operational procedures entered into as provided in
459 s. 395.401. ~~The department shall base its definition of the~~
460 ~~regions upon:~~

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- 461 ~~(a) Geographical considerations so as to ensure rapid~~
462 ~~access to trauma care by patients;~~
- 463 ~~(b) Historical patterns of patient referral and transfer~~
464 ~~in an area;~~
- 465 ~~(c) Inventories of available trauma care resources;~~
- 466 ~~(d) Predicted population growth characteristics;~~
- 467 ~~(e) Transportation capabilities, including ground and air~~
468 ~~transport;~~
- 469 ~~(f) Medically appropriate ground and air travel times; and~~
- 470 ~~(g) Other appropriate criteria.~~
- 471 ~~(2) The department shall develop trauma systems plans for~~
472 ~~the department defined trauma regions which include at a minimum~~
473 ~~the following components:~~
- 474 ~~(a) An assessment of current and future trauma care needs~~
475 ~~of the population, based upon incidence rates and acuity~~
476 ~~indicators developed by the department, as well as other~~
477 ~~relevant characteristics of the region.~~
- 478 ~~(b) The organizational structure of the regional trauma~~
479 ~~system, including the identification of local trauma agency~~
480 ~~service areas within the region.~~
- 481 ~~(c) Prehospital care management guidelines for triage and~~
482 ~~transportation of trauma cases.~~
- 483 ~~(d) Flow patterns of trauma cases and transportation~~
484 ~~system design and resources, including air transportation~~
485 ~~services, provision for interfacility trauma transfer, and the~~
486 ~~prehospital transportation of trauma victims. The department~~
487 ~~shall plan for the development of a system of transportation of~~
488 ~~trauma alert victims to trauma centers where the distance or~~

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489 ~~time to a trauma center or transportation resources diminish~~
490 ~~access by trauma alert victims.~~

491 ~~(e) The current and projected number, acuity level, and~~
492 ~~geographic location of trauma cases expected so as to assure~~
493 ~~that the assessed current and future trauma care needs of the~~
494 ~~population are adequately met and that state-sponsored trauma~~
495 ~~centers will maintain the volume of cases sufficient to provide~~
496 ~~quality care to trauma cases referred to them.~~

497 ~~(f) The availability of qualified health professionals,~~
498 ~~including physicians and surgeons, capable of staffing trauma~~
499 ~~centers to the level of current and future assessed needs.~~

500 ~~(g) Data collection regarding system operation and patient~~
501 ~~outcome, as well as the number, type, and generalized locations~~
502 ~~of state-sponsored trauma centers needed to meet the needs of~~
503 ~~the population.~~

504 ~~(h) Periodic performance evaluation of the trauma system~~
505 ~~and its components.~~

506 ~~(i) The type and extent of air transport services~~
507 ~~available and needed in each region.~~

508 ~~(j) Public information and education about the trauma~~
509 ~~system.~~

510 ~~(k) Emergency medical services communication system usage~~
511 ~~and dispatching.~~

512 ~~(l) The coordination and integration between the trauma~~
513 ~~centers and other health care facilities which may provide~~
514 ~~services to trauma victims.~~

515 ~~(m) Medical control and accountability.~~

516 ~~(n) Quality management and system evaluation.~~

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517 ~~(2)(3)~~ The department shall consider the advice and
518 recommendations of any affected local or regional trauma agency
519 in developing the state trauma system ~~systems~~ plan. ~~The~~
520 ~~department may, in lieu of specific regional components of its~~
521 ~~own plan, accept components developed by local or regional~~
522 ~~trauma agencies.~~

523 ~~(3)(4)~~ The department shall use the state trauma system
524 plan as the basis for establishing a statewide inclusive trauma
525 system.

526 Section 6. Section 395.402, Florida Statutes, is amended
527 to read:

528 395.402 Trauma service areas; number and location of
529 trauma centers.--

530 (1) The Legislature recognizes the need for a statewide,
531 cohesive, uniform, and integrated trauma system. Within the
532 trauma service areas, ~~that~~ Level I and Level II trauma centers
533 shall ~~should~~ each be capable of annually treating a minimum of
534 1,000 and 500 patients, respectively, with an injury severity
535 score (ISS) of 9 or greater. Level II trauma centers in counties
536 with a population of more than 500,000 shall have the capacity
537 to care for 1,000 patients per year. ~~Further, the Legislature~~
538 ~~finds that, based on the numbers and locations of trauma victims~~
539 ~~with these injury severity scores, there should be 19 trauma~~
540 ~~service areas in the state, and, at a minimum, there should be~~
541 ~~at least one trauma center in each service area.~~

542 ~~(2) It is the intent of the Legislature that, as a~~
543 ~~planning guideline, Level I and Level II trauma centers should~~
544 ~~generally each provide care annually to a minimum of 1,000 and~~

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545 ~~500 patients, respectively. Level II trauma centers in counties~~
546 ~~of more than 500,000 population are expected to be able to care~~
547 ~~for 1,000 patients per year, as a planning guideline.~~

548 (2)-(3) Trauma service areas as defined in this section are
549 to be utilized until the Department of Health completes an
550 assessment of the trauma system and reports its finding to the
551 Governor, the President of the Senate, the Speaker of the House
552 of Representatives, and the substantive legislative committees.
553 The report shall be submitted by February 1, 2005. The
554 department shall review the existing trauma system and determine
555 whether it is effective in providing trauma care uniformly
556 throughout the state. The assessment shall:

557 (a) Consider aligning trauma service areas within the
558 trauma region boundaries as established in July 2004.

559 (b) Review the number and level of trauma centers needed
560 for each trauma service area to provide a statewide integrated
561 trauma system.

562 (c) Establish criteria for determining the number and
563 level of trauma centers needed to serve the population in a
564 defined trauma service area or region.

565 (d) Consider including a criteria within trauma center
566 approval standards based upon the number of trauma victims
567 served within a service area.

568 (e) Review the Regional Domestic Security Task Force
569 structure and determine whether integrating the trauma system
570 planning with interagency regional emergency and disaster
571 planning efforts is feasible and identify any duplication of
572 efforts between the two entities.

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573 (f) Make recommendations regarding a continued revenue
574 source which shall include a local participation requirement.

575 (g) Make recommendations regarding a formula for the
576 distribution of funds identified for trauma centers which shall
577 address incentives for new centers where needed and the need to
578 maintain effective trauma care in areas served by existing
579 centers, with consideration for the volume of trauma patients
580 served, and the amount of charity care provided.

581 (3) In conducting such assessment and subsequent annual
582 reviews, the department shall consider:

583 (a) The recommendations made as part of the regional
584 trauma system plans submitted by regional trauma agencies.

585 (b) Stakeholder recommendations.

586 (c) The geographical composition of an area to ensure
587 rapid access to trauma care by patients.

588 (d) Historical patterns of patient referral and transfer
589 in an area.

590 (e) Inventories of available trauma care resources,
591 including professional medical staff.

592 (f) Population growth characteristics.

593 (g) Transportation capabilities, including ground and air
594 transport.

595 (h) Medically appropriate ground and air travel times.

596 (i) Recommendations of the Regional Domestic Security Task
597 Force.

598 (j) The actual number of trauma victims currently being
599 served by each trauma center.

600 (k) Other appropriate criteria.

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601 (4) Annually thereafter, used. the department shall
602 ~~periodically~~ review the assignment of the 67 counties to trauma
603 service areas, in addition to the requirements of paragraphs
604 (2)(b)-(g) and subsection (3). County ~~These~~ assignments are made
605 for the purpose of developing a system of trauma centers.
606 Revisions made by the department shall ~~should~~ take into
607 consideration the recommendations made as part of the regional
608 trauma system plans approved by the department, and as well as
609 the recommendations made as part of the state trauma system
610 plan. In cases where a trauma service area is located within the
611 boundaries of more than one trauma region, the trauma service
612 area's needs, response capability, and system requirements shall
613 be considered by each trauma region served by that trauma
614 service area in its regional system plan ~~These areas must, at a~~
615 ~~minimum, be reviewed in the year 2000 and every 5 years~~
616 ~~thereafter.~~ Until the department completes the February 2005
617 assessment ~~its initial review~~, the assignment of counties shall
618 remain as established in this section ~~pursuant to chapter 90-~~
619 ~~284, Laws of Florida.~~

620 (a) The following trauma service areas are hereby
621 established:

622 1. Trauma service area 1 shall consist of Escambia,
623 Okaloosa, Santa Rosa, and Walton Counties.

624 2. Trauma service area 2 shall consist of Bay, Gulf,
625 Holmes, and Washington Counties.

626 3. Trauma service area 3 shall consist of Calhoun,
627 Franklin, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison,
628 Taylor, and Wakulla Counties.

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629 4. Trauma service area 4 shall consist of Alachua,
630 Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy,
631 Putnam, Suwannee, and Union Counties.

632 5. Trauma service area 5 shall consist of Baker, Clay,
633 Duval, Nassau, and St. Johns Counties.

634 6. Trauma service area 6 shall consist of Citrus,
635 Hernando, and Marion Counties.

636 7. Trauma service area 7 shall consist of Flagler and
637 Volusia Counties.

638 8. Trauma service area 8 shall consist of Lake, Orange,
639 Osceola, Seminole, and Sumter Counties.

640 9. Trauma service area 9 shall consist of Pasco and
641 Pinellas Counties.

642 10. Trauma service area 10 shall consist of Hillsborough
643 County.

644 11. Trauma service area 11 shall consist of Hardee,
645 Highlands, and Polk Counties.

646 12. Trauma service area 12 shall consist of Brevard and
647 Indian River Counties.

648 13. Trauma service area 13 shall consist of DeSoto,
649 Manatee, and Sarasota Counties.

650 14. Trauma service area 14 shall consist of Martin,
651 Okeechobee, and St. Lucie Counties.

652 15. Trauma service area 15 shall consist of Charlotte,
653 Glades, Hendry, and Lee Counties.

654 16. Trauma service area 16 shall consist of Palm Beach
655 County.

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656 17. Trauma service area 17 shall consist of Collier
657 County.

658 18. Trauma service area 18 shall consist of Broward
659 County.

660 19. Trauma service area 19 shall consist of Dade and
661 Monroe Counties.

662 (b) Each trauma service area should have at least one
663 Level I or Level II trauma center. The department shall
664 allocate, by rule, the number of trauma centers needed for each
665 trauma service area.

666 (c) There shall be no more than a total of 44 ~~state-~~
667 ~~sponsored~~ trauma centers in the state.

668 Section 7. Section 395.4025, Florida Statutes, is amended
669 to read:

670 395.4025 ~~State-approved~~ Trauma centers; selection; quality
671 assurance; records.--

672 (1) For purposes of developing a system of ~~state-approved~~
673 trauma centers, the department shall use the 19 trauma service
674 areas established in s. 395.402. Within each service area and
675 based on the state trauma system plan, the local or regional
676 trauma services system plan, and recommendations of the local or
677 regional trauma agency, ~~and the 1990 Report and Proposal for~~
678 ~~Funding State-Sponsored Trauma Centers~~, the department shall
679 establish the approximate number of ~~state-approved~~ trauma
680 centers needed to ensure reasonable access to high-quality
681 trauma services. The ~~Using the guidelines and procedures~~
682 ~~outlined in the 1990 report, except when in conflict with those~~
683 ~~prescribed in this section~~, the department shall select those

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684 hospitals that are to be recognized as ~~state-approved~~ trauma
685 centers ~~and shall include all trauma centers verified as of~~
686 ~~October 1, 1990, and subsequently, subject to specific~~
687 ~~programmatic and quality of care standards.~~

688 (2) (a) The department shall annually notify each acute
689 care general hospital and each local and each regional trauma
690 agency in the state that the department is accepting letters of
691 intent from hospitals that are interested in becoming ~~state-~~
692 ~~approved~~ trauma centers. In order to be considered by the
693 department, a hospital that operates within the geographic area
694 of a local or regional trauma agency must certify that its
695 intent to operate as a ~~state-approved~~ trauma center is
696 consistent with the trauma services plan of the local or
697 regional trauma agency, as approved by the department, if such
698 agency exists. Letters of intent must be postmarked no later
699 than midnight October 1. ~~This paragraph does not apply to any~~
700 ~~hospital that is a provisional or verified trauma center on~~
701 ~~January 1, 1992.~~

702 (b) By October 15, the department shall send to all
703 hospitals that submitted a letter of intent an application
704 package that will provide the hospitals with instructions for
705 submitting information to the department for selection as a
706 ~~state-approved~~ trauma center. The standards for ~~verification of~~
707 ~~trauma centers and pediatric trauma referral centers~~ provided
708 for in s. 395.401(2), as adopted by rule of the department,
709 shall serve as the basis for these instructions.

710 (c) In order to be considered by the department,
711 applications from those hospitals seeking selection as ~~state-~~

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712 ~~approved~~ trauma centers, including those current verified trauma
713 centers that seek a change or redesignation in approval status
714 as a trauma center ~~to be state-approved trauma centers~~, must be
715 received by the department no later than the close of business
716 on April 1. The department shall conduct a provisional review of
717 each application for the purpose of determining that the
718 hospital's application is complete and that the hospital has the
719 critical elements required for a ~~state-approved~~ trauma center.
720 This critical review will be based on trauma center ~~verification~~
721 standards and shall include, but not be limited to, a review of
722 whether the hospital has:

723 1. Equipment and physical facilities necessary to provide
724 trauma services.

725 2. Personnel in sufficient numbers and with proper
726 qualifications to provide trauma services.

727 3. An effective quality assurance process.

728 4. Submitted written confirmation by the local or regional
729 trauma agency that ~~the verification of the hospital~~ applying to
730 become as a state-approved trauma center is consistent with the
731 plan of the local or regional trauma agency, as approved by the
732 department, if such agency exists. ~~This subparagraph applies to~~
733 ~~any hospital that is not a provisional or verified trauma center~~
734 ~~on January 1, 1992.~~

735 (d)1. Notwithstanding other provisions in this section,
736 the department may grant up to an additional 18 months to a
737 hospital applicant that is unable to meet all requirements as
738 provided in paragraph (c) at the time of application if the
739 number of applicants in the service area in which the applicant

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740 is located is equal to or less than the service area allocation,
741 as provided by rule of the department. An applicant that is
742 granted additional time pursuant to this paragraph shall submit
743 a plan for departmental approval which includes timelines and
744 activities that the applicant proposes to complete in order to
745 meet application requirements. Any applicant that demonstrates
746 an ongoing effort to complete the activities within the
747 timelines outlined in the plan shall be included in the number
748 of ~~state-approved~~ trauma centers at such time that the
749 department has conducted a provisional review of the application
750 and has determined that the application is complete and that the
751 hospital has the critical elements required for a ~~state-approved~~
752 trauma center.

753 2. Timeframes provided in subsections (1)-(8) shall be
754 stayed until the department determines that the application is
755 complete and that the hospital has the critical elements
756 required for a ~~state-approved~~ trauma center.

757 (3) After April 30, any hospital that submitted an
758 application found acceptable by the department based on
759 provisional review, ~~including all trauma centers verified as of~~
760 ~~December 1, 1989,~~ shall be eligible to operate as a provisional
761 ~~state-approved~~ trauma center.

762 (4) Between May 1 and October 1 of each year, the
763 department shall conduct an in-depth evaluation of all
764 applications found acceptable in the provisional review. The
765 applications shall be evaluated against criteria enumerated in
766 the application packages as provided to the hospitals by the
767 department.

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768 (5) Beginning October 1 of each year and ending no later
769 than June 1 of the following year, a review team of out-of-state
770 experts assembled by the department shall make onsite visits to
771 all provisional ~~state-approved~~ trauma centers. The department
772 shall develop a survey instrument to be used by the expert team
773 of reviewers. The instrument shall include objective criteria
774 and guidelines for reviewers based on existing trauma center ~~and~~
775 ~~pediatric trauma referral center verification~~ standards such
776 that all trauma centers ~~and pediatric trauma referral centers~~
777 are assessed equally. The survey instrument shall also include a
778 uniform rating system that will be used by reviewers to indicate
779 the degree of compliance of each trauma center with specific
780 standards, and to indicate the quality of care provided by each
781 trauma center as determined through an audit of patient charts.
782 In addition, hospitals being considered as provisional ~~state-~~
783 ~~approved~~ trauma centers shall meet all the requirements of a
784 ~~verified~~ trauma center ~~or pediatric trauma referral center~~, and
785 shall be located in a trauma service area that has a need for
786 such a trauma center.

787 (6) Based on recommendations from the review team, the
788 department shall select ~~state-approved~~ trauma centers by July 1.
789 An applicant for designation as a ~~state-approved~~ trauma center
790 ~~or a state-approved pediatric trauma referral center~~ may request
791 an extension of its provisional status if it submits a
792 corrective action plan to the department. The corrective action
793 plan must demonstrate the ability of the applicant to correct
794 deficiencies noted during the applicant's onsite review
795 conducted by the department between the previous October 1 and

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796 June 1. The department may extend the provisional status of an
797 applicant for designation as a ~~state-approved~~ trauma center ~~or a~~
798 ~~state-approved pediatric trauma referral center~~ through December
799 31 if the applicant provides a corrective action plan acceptable
800 to the department. The department or a team of out-of-state
801 experts assembled by the department shall conduct an onsite
802 visit on or before November 1 to confirm that the deficiencies
803 have been corrected. The provisional ~~state-approved~~ trauma
804 center ~~or the provisional state-approved pediatric trauma~~
805 ~~referral center~~ is responsible for all costs associated with the
806 onsite visit in a manner prescribed by rule of the department.
807 By January 1, the department must approve or deny the
808 application of any provisional applicant granted an extension.
809 Each ~~state-approved~~ trauma center shall be granted a 7-year
810 approval ~~verification~~ period during which time it must continue
811 to maintain trauma center ~~verification~~ standards and acceptable
812 patient outcomes as determined by department rule. An approval ~~A~~
813 ~~verification~~, unless sooner suspended or revoked, automatically
814 expires 7 years after the date of issuance and is renewable upon
815 application for renewal as prescribed by rule of the department.
816 ~~After July 1, 1992, only those hospitals selected as state-~~
817 ~~approved trauma centers may operate as trauma centers.~~

818 (7) Any hospital that wishes to protest a decision made by
819 the department based on the department's preliminary or in-depth
820 review of applications or on the recommendations of the site
821 visit review team pursuant to this section shall proceed as
822 provided in chapter 120. Hearings held under this subsection
823 shall be conducted in the same manner as provided in ss. 120.569

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824 and 120.57. Cases filed under chapter 120 may combine all
825 disputes between parties.

826 (8) Notwithstanding any provision of chapter 381, a
827 hospital licensed under ss. 395.001-395.3025 that operates a
828 ~~state-approved~~ trauma center may not terminate or substantially
829 reduce the availability of trauma service without providing at
830 least 180 days' ~~6 months'~~ notice of its intent to terminate such
831 service. Such notice shall be given to the department ~~of Health,~~
832 to all affected local or regional trauma agencies, and to all
833 ~~state-approved~~ trauma centers, hospitals, and emergency medical
834 service providers in the trauma service area. The department
835 shall adopt by rule the procedures and process for notification,
836 duration, and explanation of the termination of trauma services.

837 (9) Except as otherwise provided in this subsection, the
838 department or its agent may collect trauma care and registry
839 data, as prescribed by rule of the department, from trauma
840 centers, ~~pediatric trauma referral centers,~~ hospitals, emergency
841 medical service providers, local or regional trauma agencies, or
842 medical examiners for the purposes of evaluating trauma system
843 effectiveness, ensuring compliance with the standards ~~of~~
844 ~~verification,~~ and monitoring patient outcomes. A trauma center,
845 ~~pediatric trauma referral center,~~ hospital, emergency medical
846 service provider, medical examiner, or local trauma agency or
847 regional trauma agency, or a panel or committee assembled by
848 such an agency under s. 395.50(1) may, but is not required to,
849 disclose to the department patient care quality assurance
850 proceedings, records, or reports. However, the department may
851 require a local trauma agency or a regional trauma agency, or a

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852 panel or committee assembled by such an agency to disclose to
853 the department patient care quality assurance proceedings,
854 records, or reports that the department needs solely to conduct
855 quality assurance activities under s. 395.4015, or to ensure
856 compliance with the quality assurance component of the trauma
857 agency's plan approved under s. 395.401. The patient care
858 quality assurance proceedings, records, or reports that the
859 department may require for these purposes include, but are not
860 limited to, the structure, processes, and procedures of the
861 agency's quality assurance activities, and any recommendation
862 for improving or modifying the overall trauma system, if the
863 identity of a trauma center, ~~pediatric trauma referral center,~~
864 hospital, emergency medical service provider, medical examiner,
865 or an individual who provides trauma services is not disclosed.

866 (10) Out-of-state experts assembled by the department to
867 conduct onsite visits are agents of the department for the
868 purposes of s. 395.3025. An out-of-state expert who acts as an
869 agent of the department under this subsection is not liable for
870 any civil damages as a result of actions taken by him or her,
871 unless he or she is found to be operating outside the scope of
872 the authority and responsibility assigned by the department.

873 (11) Onsite visits by the department or its agent may be
874 conducted at any reasonable time and may include but not be
875 limited to a review of records in the possession of trauma
876 centers, ~~pediatric trauma referral centers,~~ hospitals, emergency
877 medical service providers, local or regional trauma agencies, or
878 medical examiners regarding the care, transport, treatment, or
879 examination of trauma patients.

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880 (12) Patient care, transport, or treatment records or
881 reports, or patient care quality assurance proceedings, records,
882 or reports obtained or made pursuant to this section, s.
883 395.3025(4) (f), s. 395.401, s. 395.4015, s. 395.402, s. 395.403,
884 s. 395.404, s. 395.4045, s. 395.405, s. 395.50, or s. 395.51
885 must be held confidential by the department or its agent and are
886 exempt from the provisions of s. 119.07(1). Patient care quality
887 assurance proceedings, records, or reports obtained or made
888 pursuant to these sections are not subject to discovery or
889 introduction into evidence in any civil or administrative
890 action.

891 (13) The department may adopt, by rule, the procedures and
892 process by which it will select ~~state-approved~~ trauma centers.
893 Such procedures and process must be used in annually selecting
894 ~~state-approved~~ trauma centers and must be consistent with
895 subsections (1)-(8) except in those situations in which it is in
896 the best interest of, and mutually agreed to by, all applicants
897 within a service area and the department to reduce the
898 timeframes.

899 (14) Notwithstanding any other provisions of this section
900 and rules adopted pursuant to this section, until the department
901 has conducted the review provided under s. 395.402, only
902 hospitals located in trauma services areas where there is no
903 existing trauma center may apply.

904 Section 8. Section 395.403, Florida Statutes, is amended
905 to read:

906 395.403 Reimbursement of ~~state-sponsored~~ trauma centers.--

907 ~~(1) The Legislature finds that many hospitals which~~
908 ~~provide services to trauma victims are not adequately~~

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909 ~~compensated for such treatment. The Legislature also recognizes~~
910 ~~that the current verified trauma centers are providing such~~
911 ~~services without adequate reimbursement. Therefore, it is the~~
912 ~~intent of the Legislature to provide financial support to the~~
913 ~~current verified trauma centers and to establish a system of~~
914 ~~state-sponsored trauma centers as soon as feasibly possible. It~~
915 ~~is also the intent of the Legislature that this system of state-~~
916 ~~sponsored trauma centers be assisted financially based on the~~
917 ~~volume and acuity of uncompensated trauma care provided.~~

918 (1)(2) All provisional trauma centers and state-approved
919 trauma centers shall be considered eligible to receive state
920 funding state-sponsored trauma centers when state funds are
921 specifically appropriated for state-sponsored trauma centers in
922 the General Appropriations Act. Effective July 1, 2004, the
923 department shall make one-time payments from the Administrative
924 Trust Fund under s. 20.435 to the trauma centers and a hospital
925 with a pending application for a Level I trauma center in
926 recognition of the capital investment made by the hospital to
927 establish the trauma service. Payments shall be in equal amounts
928 for the trauma centers approved by the department as of July 1 of
929 the fiscal year in which funding is appropriated, with lesser
930 amounts for the hospital with an application pending for a Level
931 I trauma center at the department as of April 1, 2004. In the
932 event a trauma center does not maintain its status as a trauma
933 center for any state fiscal year in which such funding is
934 appropriated, the provisional trauma center or trauma center
935 shall repay the state for the portion of the year during which it
936 was not a trauma center.

937 (2) Provisional trauma centers and trauma centers eligible
938 to receive distributions from the Administrative Trust Fund under

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939 s. 20.435 in accordance with subsection (1) may request that such
940 funds be used as intergovernmental transfer funds in the Medicaid
941 program.

942 ~~(3) To receive state funding, a state-sponsored trauma~~
943 ~~center shall submit a claim electronically via the Trauma Claims~~
944 ~~Processing System, designed, developed, implemented, and~~
945 ~~operated by the department's Medicaid program, to the~~
946 ~~department's Medicaid program upon discharge of a trauma~~
947 ~~patient. When a hospital stay spans a state fiscal year, a~~
948 ~~separate hospital claim shall be submitted for the hospital days~~
949 ~~incurred in each fiscal year.~~

950 ~~(4) (a) State-sponsored trauma centers shall determine each~~
951 ~~trauma patient's eligibility for state funding prior to the~~
952 ~~submission of a claim.~~

953 ~~(b) A trauma patient treated must meet the definition of~~
954 ~~charity care, have been designated as having an ISS score of 9~~
955 ~~or greater, and have received services that are medically~~
956 ~~necessary from a state-sponsored trauma center in order for the~~
957 ~~state-sponsored trauma center to receive state funding for that~~
958 ~~patient.~~

959 ~~(c) Each state-sponsored trauma center shall retain~~
960 ~~appropriate documentation showing a trauma patient's eligibility~~
961 ~~for state funding. Documentation recognized by the department as~~
962 ~~appropriate shall be limited to one of the following:~~

- 963 ~~1. W-2 withholding forms.~~
964 ~~2. Payroll stubs.~~
965 ~~3. Income tax returns.~~

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966 ~~4. Forms approving or denying unemployment compensation or~~
967 ~~workers' compensation.~~

968 ~~5. Written verification of wages from employer.~~

969 ~~6. Written verification from public welfare agencies or~~
970 ~~any other governmental agency which can attest to the patient's~~
971 ~~income status for the past 12 months.~~

972 ~~7. A witnessed statement signed by the patient or~~
973 ~~responsible party, as provided for in Pub. L. No. 79-725, as~~
974 ~~amended, known as the Hill-Burton Act, except that such~~
975 ~~statement need not be obtained within 48 hours of the patient's~~
976 ~~admission to the hospital as required by the Hill-Burton Act.~~
977 ~~The statement shall include acknowledgment that, in accordance~~
978 ~~with s. 817.50, providing false information to defraud a~~
979 ~~hospital for the purposes of obtaining goods or services is a~~
980 ~~misdemeanor of the second degree.~~

981 ~~(d) The department shall conduct an audit or shall~~
982 ~~contract with an independent party to conduct an audit of each~~
983 ~~state-sponsored trauma center's claims to ensure that state~~
984 ~~funding was only provided for eligible trauma patients and~~
985 ~~medically necessary services.~~

986 ~~(e) The department's Medicaid program office shall check~~
987 ~~each claim to confirm that the patient is not covered under the~~
988 ~~Medicaid program and shall pay the claim out of the Trauma~~
989 ~~Services Trust Fund. Trauma patients who are eligible for the~~
990 ~~Medicaid program shall not be considered eligible for the state-~~
991 ~~sponsored trauma center program except for Medicaid noncovered~~
992 ~~services. If a claim is denied by the Trauma Claims Processing~~
993 ~~System as a result of Medicaid eligibility for Medicaid covered~~

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994 ~~services, the hospital shall submit a claim to the Medicaid~~
995 ~~fiscal agent for payment.~~

996 ~~(5) State funding shall be at a per diem rate equal to~~
997 ~~\$860 to provisional state approved and state approved trauma~~
998 ~~centers. This rate shall be effective for the first 12 months of~~
999 ~~funding, after which time payment to provisional state approved~~
1000 ~~and state approved trauma centers shall be based on a trauma~~
1001 ~~cost-based reimbursement methodology developed by the~~
1002 ~~department. The department shall consult with representatives~~
1003 ~~from the hospital industry including the Florida Hospital~~
1004 ~~Association, the Association of Voluntary Hospitals of Florida,~~
1005 ~~and the Florida League of Hospitals in the development of the~~
1006 ~~reimbursement methodology.~~

1007 ~~(6) (a) To ensure a fair distribution of funds appropriated~~
1008 ~~for state-sponsored trauma centers and to ensure that no state-~~
1009 ~~sponsored trauma center gains an unfair advantage due solely to~~
1010 ~~its ability to bill more quickly than another state-sponsored~~
1011 ~~trauma center, the total amount of state funds appropriated in~~
1012 ~~the General Appropriations Act for this section shall be divided~~
1013 ~~into 19 trauma fund accounts with an account for each service~~
1014 ~~area established in s. 395.402(3). The amount of funds~~
1015 ~~distributed to a service area shall be based on the following~~
1016 ~~formula:~~

$$\frac{SAAA}{TTD} = \frac{SATD}{TTD} \times TA$$

1017
1018 where:

1019 ~~SAAA = service area appropriation amount.~~

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1020 ~~SATD = uncompensated service area trauma days with ISS~~
1021 ~~score of 9 or greater.~~

1022 ~~TTD = uncompensated total trauma days with ISS score of 9~~
1023 ~~or greater for all 19 service areas.~~

1024 ~~TA = total dollars appropriated for state-sponsored trauma~~
1025 ~~centers.~~

1026 ~~(b) The database to be used for this calculation shall be~~
1027 ~~the detailed patient discharge data of the most recently~~
1028 ~~completed calendar year for which the board possesses data. Out-~~
1029 ~~of-state days that are included in the database shall be~~
1030 ~~allocated to the service area where the treating hospital is~~
1031 ~~located.~~

1032 ~~(c) Fifty percent of the funds allocated to those service~~
1033 ~~areas which had one or more trauma centers as of December 1,~~
1034 ~~1989, shall be distributed to those verified trauma centers~~
1035 ~~proportionately based on volume and acuity of uncompensated~~
1036 ~~trauma care provided during the most recently completed calendar~~
1037 ~~year for which the board possesses data in a lump-sum payment on~~
1038 ~~the date funding becomes available. These trauma centers shall~~
1039 ~~submit claims pursuant to subsection (3) in order to justify~~
1040 ~~this funding. Effective 9 months after funding becomes~~
1041 ~~available, any trauma center which fails to submit claims for~~
1042 ~~reimbursement equal to or greater than the amount the trauma~~
1043 ~~center received under the initial allocation shall return any~~
1044 ~~unearned funds to the department for distribution pursuant to~~
1045 ~~paragraph (c). Once this 50-percent lump sum is depleted, a~~
1046 ~~trauma center will be reimbursed from the remaining 50 percent~~
1047 ~~of the service area's original allocation.~~

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1048 ~~(d) The department shall pay trauma claims on a monthly~~
1049 ~~basis. In a given month when the outstanding claims will exceed~~
1050 ~~the unexpended funds allocated to a service area, the department~~
1051 ~~shall pay all of the submitted claims for the service area on a~~
1052 ~~pro rata basis.~~

1053 ~~(e) At the end of the fiscal year, the unexpended funds~~
1054 ~~for each service area shall be placed in one large state trauma~~
1055 ~~account from which all remaining claims are paid without regard~~
1056 ~~to service area on a pro rata basis until such funds are~~
1057 ~~depleted.~~

1058 ~~(f) For any state fiscal year, reimbursement for any~~
1059 ~~patient residing outside the trauma service area of the state-~~
1060 ~~sponsored trauma center where the patient is treated shall be~~
1061 ~~paid out of the funds allocated for the trauma service area~~
1062 ~~where the patient resides. Out-of-state days shall be paid from~~
1063 ~~the service area where the treating hospital is located.~~

1064 ~~(3)(7)~~ In order to receive state funding payments under
1065 this section, a hospital shall be a ~~state-sponsored~~ trauma
1066 center and shall:

1067 (a) Agree to conform to all departmental requirements as
1068 provided by rule to assure high-quality trauma services.

1069 (b) Agree to provide information concerning the provision
1070 of trauma services to the department, in a form and manner
1071 prescribed by rule of the department.

1072 (c) Agree to accept all trauma patients, regardless of
1073 ability to pay, on a functional space-available basis.

1074 ~~(4)(8)~~ A ~~state-sponsored~~ trauma center that ~~which~~ fails to
1075 comply with any of the conditions listed in subsection (3) ~~(7)~~

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Amendment No. (for drafter's use only)

1076 or the applicable rules of the department shall not receive
1077 payments under this section for the period in which it was not
1078 in compliance.

1079 Section 9. Section 401.24, Florida Statutes, is amended to
1080 read:

1081 401.24 Emergency medical services state plan.--The
1082 department is responsible, at a minimum, for the improvement and
1083 regulation of basic and advanced life support programs. The
1084 department shall develop and biennially revise a comprehensive
1085 state plan for basic and advanced life support services, the
1086 emergency medical services grants program, ~~state-approved~~ trauma
1087 centers, ~~state-approved pediatric trauma referral centers~~, the
1088 injury control program, and medical disaster preparedness. The
1089 state plan shall include, but need not be limited to:

1090 (1) Emergency medical systems planning, including the
1091 prehospital and hospital phases of patient care, and injury
1092 control effort and unification of such services into a total
1093 delivery system to include air, water, and land services.

1094 (2) Requirements for the operation, coordination, and
1095 ongoing development of emergency medical services, which
1096 includes: basic life support or advanced life support vehicles,
1097 equipment, and supplies; communications; personnel; training;
1098 public education; state trauma system; injury control; and other
1099 medical care components.

1100 (3) The definition of areas of responsibility for
1101 regulating and planning the ongoing and developing delivery
1102 service requirements.

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Amendment No. (for drafter's use only)

1103 Section 10. The sum of \$300,000 is appropriated from the
1104 General Revenue Fund to the Administrative Trust Fund for the
1105 Department of Health to contract with a state university to
1106 conduct the study required under s. 395.402, Florida Statutes.

1107 Section 11. The sum of \$20,700,000 is appropriated from the
1108 General Revenue Fund to the Administrative Trust Fund for the the
1109 Department of Health to provide equal funding for each existing
1110 trauma center as of July 1, 2004, and an amount not to exceed 70
1111 percent of the amount received by an existing trauma center for
1112 a hospital with a Level I trauma center application pending with
1113 the department as of April 1, 2004.

1114 Section 12. This act shall take effect July 1, 2004.

1115
1116 ===== T I T L E A M E N D M E N T =====

1117 Remove the entire title and insert:

1118 A bill to be entitled
1119 An act relating to trauma care; amending s. 212.055, F.S.;
1120 authorizing certain counties to levy a surtax to fund
1121 trauma services by ordinance, subject to referendum
1122 approval; amending s. 395.40, F.S.; requiring the
1123 Department of Health to promote development of trauma
1124 centers and agencies; requiring the department to update
1125 the trauma system annually; amending s. 395.4001, F.S.;
1126 revising definitions; amending ss. 395.401 and 401.24,
1127 F.S.; removing references to center verification, referral
1128 centers, and state-approved centers; amending s. 395.4015,
1129 F.S.; providing boundaries for the state trauma system
1130 plan; deleting requirements for defining a region;
1131 amending s. 395.402, F.S.; revising legislative intent;

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Amendment No. (for drafter's use only)

1132 requiring the department to perform an assessment of the
1133 trauma system and report its findings to the Governor and
1134 Legislature; providing guidelines for such assessment and
1135 annual reviews; requiring annual reviews; amending s.
1136 395.4025, F.S.; deleting outdated provisions; providing
1137 for centers that seek a change or redesignation in
1138 approval status; amending s. 395.403, F.S.; removing
1139 legislative intent; providing for funding of trauma
1140 centers; requiring the department to recommend an
1141 effective grant program to the Governor and the
1142 Legislature by a certain date; deleting other funding
1143 guidelines; providing appropriations; providing an
1144 effective date.