

1
2 An act relating to trauma care; amending s.
3 212.055, F.S.; authorizing certain counties to
4 levy a surtax to fund trauma services by
5 ordinance, subject to referendum approval;
6 amending s. 395.40, F.S.; requiring the
7 Department of Health to promote development of
8 trauma centers and agencies; requiring the
9 department to update the trauma system
10 annually; amending s. 395.4001, F.S.; revising
11 definitions; amending ss. 395.401 and 401.24,
12 F.S.; removing references to center
13 verification, referral centers, and
14 state-approved centers; amending s. 395.4015,
15 F.S.; providing boundaries for the state trauma
16 system plan; deleting requirements for defining
17 a region; amending s. 395.402, F.S.; revising
18 legislative intent; requiring the department to
19 perform an assessment of the trauma system and
20 report its findings to the Governor and
21 Legislature; providing guidelines for such
22 assessment and annual reviews; requiring annual
23 reviews; amending s. 395.4025, F.S.; deleting
24 outdated provisions; providing for centers that
25 seek a change or redesignation in approval
26 status; amending s. 395.403, F.S.; removing
27 legislative intent; providing for funding of
28 trauma centers; requiring the department to
29 recommend an effective grant program to the
30 Governor and the Legislature by a certain date;
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1 deleting other funding guidelines; providing
2 appropriations; providing an effective date.

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4 Be It Enacted by the Legislature of the State of Florida:

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

8 212.055 Discretionary sales surtaxes; legislative
9 intent; authorization and use of proceeds.--It is the
10 legislative intent that any authorization for imposition of a
11 discretionary sales surtax shall be published in the Florida
12 Statutes as a subsection of this section, irrespective of the
13 duration of the levy. Each enactment shall specify the types
14 of counties authorized to levy; the rate or rates which may be
15 imposed; the maximum length of time the surtax may be imposed,
16 if any; the procedure which must be followed to secure voter
17 approval, if required; the purpose for which the proceeds may
18 be expended; and such other requirements as the Legislature
19 may provide. Taxable transactions and administrative
20 procedures shall be as provided in s. 212.054.

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

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

1 ~~2.(b)~~ If the ordinance is conditioned on a referendum,
2 a statement that includes a brief and general description of
3 the purposes to be funded by the surtax and that conforms to
4 the requirements of s. 101.161 shall be placed on the ballot
5 by the governing body of the county. The following questions
6 shall be placed on the ballot:

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8 FOR THE. . . .CENTS TAX

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10 AGAINST THE. . . .CENTS TAX

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12 ~~3.(c)~~ The ordinance adopted by the governing body
13 providing for the imposition of the surtax shall set forth a
14 plan for providing health care services to qualified
15 residents, as defined in subparagraph 4. ~~paragraph (d)~~. Such
16 plan and subsequent amendments to it shall fund a broad range
17 of health care services for both indigent persons and the
18 medically poor, including, but not limited to, primary care
19 and preventive care as well as hospital care. The plan must
20 also address the services to be provided by the Level I trauma
21 center. It shall emphasize a continuity of care in the most
22 cost-effective setting, taking into consideration both a high
23 quality of care and geographic access. Where consistent with
24 these objectives, it shall include, without limitation,
25 services rendered by physicians, clinics, community hospitals,
26 mental health centers, and alternative delivery sites, as well
27 as at least one regional referral hospital where appropriate.
28 It shall provide that agreements negotiated between the county
29 and providers, including hospitals with a Level I trauma
30 center, will include reimbursement methodologies that take
31 into account the cost of services rendered to eligible

1 patients, recognize hospitals that render a disproportionate
2 share of indigent care, provide other incentives to promote
3 the delivery of charity care, promote the advancement of
4 technology in medical services, recognize the level of
5 responsiveness to medical needs in trauma cases, and require
6 cost containment including, but not limited to, case
7 management. It must also provide that any hospitals that are
8 owned and operated by government entities on May 21, 1991,
9 must, as a condition of receiving funds under this subsection,
10 afford public access equal to that provided under s. 286.011
11 as to meetings of the governing board, the subject of which is
12 budgeting resources for the rendition of charity care as that
13 term is defined in the Florida Hospital Uniform Reporting
14 System (FHURS) manual referenced in s. 408.07. The plan shall
15 also include innovative health care programs that provide
16 cost-effective alternatives to traditional methods of service
17 delivery and funding.

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

21 ~~a.1.~~ Qualified as indigent persons as certified by the
22 authorizing county;

23 ~~b.2.~~ Certified by the authorizing county as meeting
24 the definition of the medically poor, defined as persons
25 having insufficient income, resources, and assets to provide
26 the needed medical care without using resources required to
27 meet basic needs for shelter, food, clothing, and personal
28 expenses; or not being eligible for any other state or federal
29 program, or having medical needs that are not covered by any
30 such program; or having insufficient third-party insurance
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1 coverage. In all cases, the authorizing county is intended to
2 serve as the payor of last resort; or

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

5 5.(e) Moneys collected pursuant to this paragraph
6 ~~subsection~~ remain the property of the state and shall be
7 distributed by the Department of Revenue on a regular and
8 periodic basis to the clerk of the circuit court as ex officio
9 custodian of the funds of the authorizing county. The clerk of
10 the circuit court shall:

11 ~~a.1.~~ Maintain the moneys in an indigent health care
12 trust fund;

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

15 ~~c.3.~~ Disburse the funds, including any interest
16 earned, to any provider of health care services, as provided
17 in subparagraphs 3. and 4. paragraphs (c) and (d), upon
18 directive from the authorizing county. However, if a county
19 has a population of at least 800,000 residents and has levied
20 the surtax authorized in this paragraph subsection,
21 notwithstanding any directive from the authorizing county, on
22 October 1 of each calendar year, the clerk of the court shall
23 issue a check in the amount of \$6.5 million to a hospital in
24 its jurisdiction that has a Level I trauma center or shall
25 issue a check in the amount of \$3.5 million to a hospital in
26 its jurisdiction that has a Level I trauma center if that
27 county enacts and implements a hospital lien law in accordance
28 with chapter 98-499, Laws of Florida. The issuance of the
29 checks on October 1 of each year is provided in recognition of
30 the Level I trauma center status and shall be in addition to
31 the base contract amount received during fiscal year 1999-2000

1 and any additional amount negotiated to the base contract. If
2 the hospital receiving funds for its Level I trauma center
3 status requests such funds to be used to generate federal
4 matching funds under Medicaid, the clerk of the court shall
5 instead issue a check to the Agency for Health Care
6 Administration to accomplish that purpose to the extent that
7 it is allowed through the General Appropriations Act; and

8 ~~d.4.~~ Prepare on a biennial basis an audit of the trust
9 fund specified in sub-subparagraph a. ~~subparagraph 1.~~
10 Commencing February 1, 2004, such audit shall be delivered to
11 the governing body and to the chair of the legislative
12 delegation of each authorizing county.

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

17 (b) Notwithstanding any other provision of this
18 section, the governing body in each county the government of
19 which is not consolidated with that of one or more
20 municipalities and which has a population of less than 800,000
21 residents, may levy, by ordinance subject to approval by a
22 majority of the electors of the county voting in a referendum,
23 a discretionary sales surtax at a rate that may not exceed
24 0.25 percent for the sole purpose of funding trauma services
25 provided by a trauma center licensed pursuant to chapter 395.

26 1. A statement that includes a brief and general
27 description of the purposes to be funded by the surtax and
28 that conforms to the requirements of s. 101.161 shall be
29 placed on the ballot by the governing body of the county. The
30 following shall be placed on the ballot:

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FOR THECENTS TAX
AGAINST THECENTS TAX

2. The ordinance adopted by the governing body of the county providing for the imposition of the surtax shall set forth a plan for providing trauma services to trauma victims presenting in the trauma service area in which such county is located.

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

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

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

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

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

1 4. A discretionary sales surtax imposed pursuant to
2 this paragraph shall expire 4 years after the effective date
3 of the surtax, unless reenacted by ordinance subject to
4 approval by a majority of the electors of the county voting in
5 a subsequent referendum.

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

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

12 395.40 Legislative findings and intent.--

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

15 (a) Establish a coordinated methodology for
16 monitoring, evaluating, and enforcing the requirements of the
17 state's inclusive trauma system which recognizes the interests
18 of each agency.

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

23 (c) Develop and submit appropriate requests for
24 waivers of federal requirements which will facilitate the
25 delivery of trauma care.

26 (d) Develop criteria that will become the future basis
27 for ~~mandatory~~ consultation between acute care hospitals and
28 trauma centers on the care of trauma victims and the mandatory
29 transfer of appropriate trauma victims to trauma centers.

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

1 victim through the system of care and the identification of
2 medical responsibility for each phase of care for
3 out-of-hospital and in-hospital trauma care.

4 (f) Require the medical director of an emergency
5 medical services provider to have medical accountability for a
6 trauma victim during interfacility transfer.

7 (6) Furthermore, the Legislature encourages the
8 department to actively foster the provision of trauma care and
9 serve as a catalyst for improvements in the process and
10 outcome of the provision of trauma care in an inclusive trauma
11 system. Among other considerations, the department is required
12 ~~encouraged~~ to:

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

15 (b) Promote the development of a trauma agency for
16 each trauma region.

17 (c) Update the state trauma system plan by February
18 ~~2005 December 2000~~ and at least annually ~~every 5th year~~
19 thereafter.

20 Section 3. Section 395.4001, Florida Statutes, is
21 amended to read:

22 395.4001 Definitions.--As used in this part, the term:

23 (1) "Agency" means the Agency for Health Care
24 Administration.

25 (2) "Charity care" or "uncompensated trauma ~~charity~~
26 care" means that portion of hospital charges reported to the
27 agency for which there is no compensation, other than
28 restricted or unrestricted revenues provided to a hospital by
29 local governments or tax districts regardless of method of
30 payment, for care provided to a patient whose family income
31 for the 12 months preceding the determination is less than or

1 equal to 200 ~~150~~ percent of the federal poverty level, unless
2 the amount of hospital charges due from the patient exceeds 25
3 percent of the annual family income. However, in no case shall
4 the hospital charges for a patient whose family income exceeds
5 four times the federal poverty level for a family of four be
6 considered charity.

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

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

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

13 (a) Has formal research and education programs for the
14 enhancement of trauma care; ~~and is verified determined~~ by the
15 department to be in substantial compliance with Level I trauma
16 center and pediatric trauma ~~referral~~ center standards; and has
17 been approved by the department to operate as a Level I trauma
18 center.

19 (b) Serves as a resource facility to Level II trauma
20 centers, pediatric trauma referral centers, and general
21 hospitals through shared outreach, education, and quality
22 improvement activities.

23 (c) Participates in an inclusive system of trauma
24 care, including providing leadership, system evaluation, and
25 quality improvement activities.

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

28 (a) Is verified determined by the department to be in
29 substantial compliance with Level II trauma center standards
30 and has been approved by the department to operate as a Level
31 II trauma center.

1 (b) Serves as a resource facility to general hospitals
2 through shared outreach, education, and quality improvement
3 activities.

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

6 (7) "Pediatric trauma referral center" means a
7 hospital that is verified ~~determined~~ by the department to be
8 in substantial compliance with pediatric trauma ~~referral~~
9 center standards as established by rule of the department and
10 has been approved by the department to operate as a pediatric
11 trauma center.

12 (8) "Provisional trauma center" means a hospital that
13 has been verified by the department to be in substantial
14 compliance with the requirements in s. 395.4025 and has been
15 approved by the department to operate as a provisional Level I
16 trauma center, Level II trauma center, or pediatric trauma
17 center.

18 ~~(8) "State approved trauma center" means a hospital~~
19 ~~that has successfully completed the selection process pursuant~~
20 ~~to s. 395.4025 and has been approved by the department to~~
21 ~~operate as a trauma center in the state.~~

22 ~~(9) "State sponsored trauma center" means a trauma~~
23 ~~center or pediatric trauma referral center that receives state~~
24 ~~funding for trauma care services under s. 395.403.~~

25 ~~(9)(10)~~ "Trauma agency" means a department-approved
26 agency established and operated by one or more counties, or a
27 department-approved entity with which one or more counties
28 contract, for the purpose of administering an inclusive
29 regional trauma system.

30 ~~(10)(11)~~ "Trauma alert victim" means a person who has
31 incurred a single or multisystem injury due to blunt or

1 penetrating means or burns, who requires immediate medical
2 intervention or treatment, and who meets one or more of the
3 adult or pediatric scorecard criteria established by the
4 department by rule.

5 ~~(11)(12)~~ "Trauma center" means a ~~any~~ hospital that has
6 been verified ~~determined~~ by the department to be in
7 substantial compliance with the requirements in s. 395.4025
8 and has been approved by the department to operate as a Level
9 I trauma center, Level II trauma center, or pediatric trauma
10 center verification standards as either state approved or
11 provisional state approved.

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

18 ~~(13)(14)~~ "Trauma transport protocol" means a document
19 which describes the policies, processes, and procedures
20 governing the dispatch of vehicles, the triage, prehospital
21 transport, and interfacility trauma transfer of trauma
22 victims.

23 ~~(14)(15)~~ "Trauma victim" means any person who has
24 incurred a single or multisystem injury due to blunt or
25 penetrating means or burns and who requires immediate medical
26 intervention or treatment.

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

29 395.401 Trauma services system plans; approval
30 ~~verification~~ of trauma centers and pediatric trauma ~~referral~~
31 centers; procedures; renewal.--

1 (1)(a) The local and regional trauma agencies shall
2 plan, implement, and evaluate trauma services systems, in
3 accordance with this section and ss. 395.4015, 395.404, and
4 395.4045, which consist of organized patterns of readiness and
5 response services based on public and private agreements and
6 operational procedures. The department shall establish, by
7 rule, processes and procedures for establishing a trauma
8 agency and obtaining its approval from the department.

9 (b) The local and regional trauma agencies shall
10 develop and submit to the department plans for local and
11 regional trauma services systems. The plans must include, at a
12 minimum, the following components:

13 1. The organizational structure of the trauma system.

14 2. Prehospital care management guidelines for triage
15 and transportation of trauma cases.

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

24 4. The number and location of needed ~~state approved~~
25 trauma centers based on local needs, population, and location
26 and distribution of resources.

27 5. Data collection regarding system operation and
28 patient outcome.

29 6. Periodic performance evaluation of the trauma
30 system and its components.

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1 7. The use of air transport services within the
2 jurisdiction of the local trauma agency.

3 8. Public information and education about the trauma
4 system.

5 9. Emergency medical services communication system
6 usage and dispatching.

7 10. The coordination and integration between the
8 ~~verified~~ trauma center care facility and other acute care
9 hospitals ~~the nonverified health care facilities~~.

10 11. Medical control and accountability.

11 12. Quality control and system evaluation.

12 (c) The department shall receive plans for the
13 implementation of inclusive trauma systems from trauma
14 agencies. The department may approve or not approve trauma
15 agency plans based on the conformance of the plan with this
16 section and ss. 395.4015, 395.404, and 395.4045 and the rules
17 and definitions adopted by the department pursuant to those
18 sections. The department shall approve or disapprove the plans
19 within 120 days after the date the plans are submitted to the
20 department. The department shall, by rule, provide an
21 application process for establishing a trauma agency. The
22 application must, at a minimum, provide requirements for the
23 trauma agency plan submitted for review, a process for
24 reviewing the application for a ~~state approved~~ trauma agency,
25 a process for reviewing the trauma transport protocols for the
26 trauma agency, and a process for reviewing the staffing
27 requirements for the agency. The department shall, by rule,
28 establish minimum requirements for a trauma agency to conduct
29 an annual performance evaluation and submit the results to the
30 department.

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1 (d) A trauma agency shall not operate unless the
2 department has approved the local or regional trauma services
3 system plan of the agency.

4 (e) The department may grant an exception to a portion
5 of the rules adopted pursuant to this section or s. 395.4015
6 if the local or regional trauma agency proves that, as defined
7 in the rules, compliance with that requirement would not be in
8 the best interest of the persons served within the affected
9 local or regional trauma area.

10 (f) A local or regional trauma agency may implement a
11 trauma care system only if the system meets the minimum
12 standards set forth in the rules for implementation
13 established by the department and if the plan has been
14 submitted to, and approved by, the department. At least 60
15 days before the local or regional trauma agency submits the
16 plan for the trauma care system to the department, the local
17 or regional trauma agency shall hold a public hearing and give
18 adequate notice of the public hearing to all hospitals and
19 other interested parties in the area to be included in the
20 proposed system.

21 (g) Local or regional trauma agencies may enter into
22 contracts for the purpose of implementing the local or
23 regional plan. If local or regional agencies contract with
24 hospitals for trauma services, such agencies must contract
25 only with hospitals which are verified trauma centers.

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

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

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

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

10 (l) A county, upon the recommendations of the local or
11 regional trauma agency, may adopt ordinances governing the
12 transport of a patient who is receiving care in the field from
13 prehospital emergency medical personnel when the patient meets
14 specific criteria for trauma, burn, or pediatric centers
15 adopted by the local or regional trauma agency. These
16 ordinances must be consistent with s. 395.4045, ordinances
17 adopted under s. 401.25(6), and the local or regional trauma
18 system plan and, to the furthest possible extent, must ensure
19 that individual patients receive appropriate medical care
20 while protecting the interests of the community at large by
21 making maximum use of available emergency medical care
22 resources.

23 (m) The local or regional trauma agency shall,
24 consistent with the regional trauma system plan, coordinate
25 and otherwise facilitate arrangements necessary to develop a
26 trauma services system.

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

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

3 Section 5. Section 395.4015, Florida Statutes, is
4 amended to read:

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

7 (1) The department shall establish a state trauma
8 system plan. As part of the state trauma system plan, the
9 department shall establish trauma regions ~~that~~ which cover all
10 geographical areas of the state and have boundaries that are
11 coterminous with the boundaries of the regional domestic
12 security task forces established under s. 943.0312. These
13 regions may serve as the basis for the development of
14 department-approved local or regional trauma plans. However,
15 the delivery of trauma services by or in coordination with a
16 trauma agency established before July 1, 2004, may continue in
17 accordance with public and private agreements and operational
18 procedures entered into as provided in s. 395.401. ~~The~~
19 ~~department shall base its definition of the regions upon:~~

20 ~~(a) Geographical considerations so as to ensure rapid~~
21 ~~access to trauma care by patients;~~

22 ~~(b) Historical patterns of patient referral and~~
23 ~~transfer in an area;~~

24 ~~(c) Inventories of available trauma care resources;~~

25 ~~(d) Predicted population growth characteristics;~~

26 ~~(e) Transportation capabilities, including ground and~~
27 ~~air transport;~~

28 ~~(f) Medically appropriate ground and air travel times;~~

29 ~~and~~

30 ~~(g) Other appropriate criteria.~~

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1 ~~(2) The department shall develop trauma systems plans~~
2 ~~for the department defined trauma regions which include at a~~
3 ~~minimum the following components:~~

4 ~~(a) An assessment of current and future trauma care~~
5 ~~needs of the population, based upon incidence rates and acuity~~
6 ~~indicators developed by the department, as well as other~~
7 ~~relevant characteristics of the region.~~

8 ~~(b) The organizational structure of the regional~~
9 ~~trauma system, including the identification of local trauma~~
10 ~~agency service areas within the region.~~

11 ~~(c) Prehospital care management guidelines for triage~~
12 ~~and transportation of trauma cases.~~

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

21 ~~(e) The current and projected number, acuity level,~~
22 ~~and geographic location of trauma cases expected so as to~~
23 ~~assure that the assessed current and future trauma care needs~~
24 ~~of the population are adequately met and that state sponsored~~
25 ~~trauma centers will maintain the volume of cases sufficient to~~
26 ~~provide quality care to trauma cases referred to them.~~

27 ~~(f) The availability of qualified health~~
28 ~~professionals, including physicians and surgeons, capable of~~
29 ~~staffing trauma centers to the level of current and future~~
30 ~~assessed needs.~~

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1 ~~(g) Data collection regarding system operation and~~
2 ~~patient outcome, as well as the number, type, and generalized~~
3 ~~locations of state sponsored trauma centers needed to meet the~~
4 ~~needs of the population.~~
5 ~~(h) Periodic performance evaluation of the trauma~~
6 ~~system and its components.~~
7 ~~(i) The type and extent of air transport services~~
8 ~~available and needed in each region.~~
9 ~~(j) Public information and education about the trauma~~
10 ~~system.~~
11 ~~(k) Emergency medical services communication system~~
12 ~~usage and dispatching.~~
13 ~~(l) The coordination and integration between the~~
14 ~~trauma centers and other health care facilities which may~~
15 ~~provide services to trauma victims.~~
16 ~~(m) Medical control and accountability.~~
17 ~~(n) Quality management and system evaluation.~~
18 (2)(3) The department shall consider the advice and
19 recommendations of any affected local or regional trauma
20 agency in developing the state trauma system ~~systems~~ plan. ~~The~~
21 ~~department may, in lieu of specific regional components of its~~
22 ~~own plan, accept components developed by local or regional~~
23 ~~trauma agencies.~~
24 (3)(4) The department shall use the state trauma
25 system plan as the basis for establishing a statewide
26 inclusive trauma system.
27 Section 6. Section 395.402, Florida Statutes, is
28 amended to read:
29 395.402 Trauma service areas; number and location of
30 trauma centers.--
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1 (1) The Legislature recognizes the need for a
2 statewide, cohesive, uniform, and integrated trauma system.
3 Within the trauma service areas, that Level I and Level II
4 trauma centers shall ~~should~~ each be capable of annually
5 treating a minimum of 1,000 and 500 patients, respectively,
6 with an injury severity score (ISS) of 9 or greater. Level II
7 trauma centers in counties with a population of more than
8 500,000 shall have the capacity to care for 1,000 patients per
9 year. ~~Further, the Legislature finds that, based on the~~
10 ~~numbers and locations of trauma victims with these injury~~
11 ~~severity scores, there should be 19 trauma service areas in~~
12 ~~the state, and, at a minimum, there should be at least one~~
13 ~~trauma center in each service area.~~

14 ~~(2) It is the intent of the Legislature that, as a~~
15 ~~planning guideline, Level I and Level II trauma centers should~~
16 ~~generally each provide care annually to a minimum of 1,000 and~~
17 ~~500 patients, respectively. Level II trauma centers in~~
18 ~~counties of more than 500,000 population are expected to be~~
19 ~~able to care for 1,000 patients per year, as a planning~~
20 ~~guideline.~~

21 ~~(2)(3)~~ Trauma service areas as defined in this section
22 are to be utilized until the Department of Health completes an
23 assessment of the trauma system and reports its finding to the
24 Governor, the President of the Senate, the Speaker of the
25 House of Representatives, and the substantive legislative
26 committees. The report shall be submitted by February 1, 2005.
27 The department shall review the existing trauma system and
28 determine whether it is effective in providing trauma care
29 uniformly throughout the state. The assessment shall:

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

1 (b) Review the number and level of trauma centers
2 needed for each trauma service area to provide a statewide
3 integrated trauma system.

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

7 (d) Consider including a criteria within trauma center
8 approval standards based upon the number of trauma victims
9 served within a service area.

10 (e) Review the Regional Domestic Security Task Force
11 structure and determine whether integrating the trauma system
12 planning with interagency regional emergency and disaster
13 planning efforts is feasible and identify any duplication of
14 efforts between the two entities.

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

17 (g) Make recommendations regarding a formula for the
18 distribution of funds identified for trauma centers which
19 shall address incentives for new centers where needed and the
20 need to maintain effective trauma care in areas served by
21 existing centers, with consideration for the volume of trauma
22 patients served, and the amount of charity care provided.

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

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

27 (b) Stakeholder recommendations.

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

30 (d) Historical patterns of patient referral and
31 transfer in an area.

1 (e) Inventories of available trauma care resources,
2 including professional medical staff.

3 (f) Population growth characteristics.

4 (g) Transportation capabilities, including ground and
5 air transport.

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

7 (i) Recommendations of the Regional Domestic Security
8 Task Force.

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

11 (k) Other appropriate criteria.

12 (4) Annually thereafter, ~~used~~ the department shall
13 ~~periodically~~ review the assignment of the 67 counties to
14 trauma service areas, in addition to the requirements of
15 paragraphs (2)(b)-(g) and subsection (3). ~~County~~ These
16 assignments are made for the purpose of developing a system of
17 trauma centers. Revisions made by the department ~~shall~~ should
18 take into consideration the recommendations made as part of
19 the regional trauma system plans approved by the department,
20 ~~and as well as~~ the recommendations made as part of the state
21 trauma system plan. In cases where a trauma service area is
22 located within the boundaries of more than one trauma region,
23 the trauma service area's needs, response capability, and
24 system requirements shall be considered by each trauma region
25 served by that trauma service area in its regional system plan
26 ~~These areas must, at a minimum, be reviewed in the year 2000~~
27 ~~and every 5 years thereafter.~~ Until the department completes
28 the February 2005 assessment ~~its initial review,~~ the
29 assignment of counties shall remain as established in this
30 section ~~pursuant to chapter 90-284, Laws of Florida.~~

31

- 1 (a) The following trauma service areas are hereby
2 established:
- 3 1. Trauma service area 1 shall consist of Escambia,
4 Okaloosa, Santa Rosa, and Walton Counties.
- 5 2. Trauma service area 2 shall consist of Bay, Gulf,
6 Holmes, and Washington Counties.
- 7 3. Trauma service area 3 shall consist of Calhoun,
8 Franklin, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison,
9 Taylor, and Wakulla Counties.
- 10 4. Trauma service area 4 shall consist of Alachua,
11 Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette,
12 Levy, Putnam, Suwannee, and Union Counties.
- 13 5. Trauma service area 5 shall consist of Baker, Clay,
14 Duval, Nassau, and St. Johns Counties.
- 15 6. Trauma service area 6 shall consist of Citrus,
16 Hernando, and Marion Counties.
- 17 7. Trauma service area 7 shall consist of Flagler and
18 Volusia Counties.
- 19 8. Trauma service area 8 shall consist of Lake,
20 Orange, Osceola, Seminole, and Sumter Counties.
- 21 9. Trauma service area 9 shall consist of Pasco and
22 Pinellas Counties.
- 23 10. Trauma service area 10 shall consist of
24 Hillsborough County.
- 25 11. Trauma service area 11 shall consist of Hardee,
26 Highlands, and Polk Counties.
- 27 12. Trauma service area 12 shall consist of Brevard
28 and Indian River Counties.
- 29 13. Trauma service area 13 shall consist of DeSoto,
30 Manatee, and Sarasota Counties.
- 31

1 14. Trauma service area 14 shall consist of Martin,
2 Okeechobee, and St. Lucie Counties.

3 15. Trauma service area 15 shall consist of Charlotte,
4 Glades, Hendry, and Lee Counties.

5 16. Trauma service area 16 shall consist of Palm Beach
6 County.

7 17. Trauma service area 17 shall consist of Collier
8 County.

9 18. Trauma service area 18 shall consist of Broward
10 County.

11 19. Trauma service area 19 shall consist of Dade and
12 Monroe Counties.

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

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

19 Section 7. Section 395.4025, Florida Statutes, is
20 amended to read:

21 395.4025 ~~State approved~~ Trauma centers; selection;
22 quality assurance; records.--

23 (1) For purposes of developing a system of
24 ~~state approved~~ trauma centers, the department shall use the 19
25 trauma service areas established in s. 395.402. Within each
26 service area and based on the state trauma system plan, the
27 local or regional trauma services system plan, and
28 recommendations of the local or regional trauma agency, ~~and~~
29 ~~the 1990 Report and Proposal for Funding State Sponsored~~
30 ~~Trauma Centers~~, the department shall establish the approximate
31 number of ~~state approved~~ trauma centers needed to ensure

1 reasonable access to high-quality trauma services. The Using
2 ~~the guidelines and procedures outlined in the 1990 report,~~
3 ~~except when in conflict with those prescribed in this section,~~
4 the department shall select those hospitals that are to be
5 recognized as ~~state approved~~ trauma centers and shall include
6 ~~all trauma centers verified as of October 1, 1990, and~~
7 ~~subsequently, subject to specific programmatic and quality of~~
8 ~~care standards.~~

9 (2)(a) The department shall annually notify each acute
10 care general hospital and each local and each regional trauma
11 agency in the state that the department is accepting letters
12 of intent from hospitals that are interested in becoming
13 ~~state approved~~ trauma centers. In order to be considered by
14 the department, a hospital that operates within the geographic
15 area of a local or regional trauma agency must certify that
16 its intent to operate as a ~~state approved~~ trauma center is
17 consistent with the trauma services plan of the local or
18 regional trauma agency, as approved by the department, if such
19 agency exists. Letters of intent must be postmarked no later
20 than midnight October 1. ~~This paragraph does not apply to any~~
21 ~~hospital that is a provisional or verified trauma center on~~
22 ~~January 1, 1992.~~

23 (b) By October 15, the department shall send to all
24 hospitals that submitted a letter of intent an application
25 package that will provide the hospitals with instructions for
26 submitting information to the department for selection as a
27 ~~state approved~~ trauma center. The standards for ~~verification~~
28 ~~of trauma centers and pediatric trauma referral centers~~
29 provided for in s. 395.401(2), as adopted by rule of the
30 department, shall serve as the basis for these instructions.
31

1 (c) In order to be considered by the department,
2 applications from those hospitals seeking selection as
3 ~~state approved~~ trauma centers, including those current
4 verified trauma centers that seek a change or redesignation in
5 approval status as a trauma center ~~to be state approved trauma~~
6 ~~centers~~, must be received by the department no later than the
7 close of business on April 1. The department shall conduct a
8 provisional review of each application for the purpose of
9 determining that the hospital's application is complete and
10 that the hospital has the critical elements required for a
11 ~~state approved~~ trauma center. This critical review will be
12 based on trauma center ~~verification~~ standards and shall
13 include, but not be limited to, a review of whether the
14 hospital has:

- 15 1. Equipment and physical facilities necessary to
16 provide trauma services.
- 17 2. Personnel in sufficient numbers and with proper
18 qualifications to provide trauma services.
- 19 3. An effective quality assurance process.
- 20 4. Submitted written confirmation by the local or
21 regional trauma agency that ~~the verification of the hospital~~
22 applying to become as a state approved trauma center is
23 consistent with the plan of the local or regional trauma
24 agency, as approved by the department, if such agency exists.
25 ~~This subparagraph applies to any hospital that is not a~~
26 ~~provisional or verified trauma center on January 1, 1992.~~

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

1 | which the applicant is located is equal to or less than the
2 | service area allocation, as provided by rule of the
3 | department. An applicant that is granted additional time
4 | pursuant to this paragraph shall submit a plan for
5 | departmental approval which includes timelines and activities
6 | that the applicant proposes to complete in order to meet
7 | application requirements. Any applicant that demonstrates an
8 | ongoing effort to complete the activities within the timelines
9 | outlined in the plan shall be included in the number of
10 | ~~state approved~~ trauma centers at such time that the department
11 | has conducted a provisional review of the application and has
12 | determined that the application is complete and that the
13 | hospital has the critical elements required for a
14 | ~~state approved~~ trauma center.

15 | 2. Timeframes provided in subsections (1)-(8) shall be
16 | stayed until the department determines that the application is
17 | complete and that the hospital has the critical elements
18 | required for a ~~state approved~~ trauma center.

19 | (3) After April 30, any hospital that submitted an
20 | application found acceptable by the department based on
21 | provisional review, ~~including all trauma centers verified as~~
22 | ~~of December 1, 1989,~~ shall be eligible to operate as a
23 | provisional ~~state approved~~ trauma center.

24 | (4) Between May 1 and October 1 of each year, the
25 | department shall conduct an in-depth evaluation of all
26 | applications found acceptable in the provisional review. The
27 | applications shall be evaluated against criteria enumerated in
28 | the application packages as provided to the hospitals by the
29 | department.

30 | (5) Beginning October 1 of each year and ending no
31 | later than June 1 of the following year, a review team of

1 out-of-state experts assembled by the department shall make
2 onsite visits to all provisional ~~state approved~~ trauma
3 centers. The department shall develop a survey instrument to
4 be used by the expert team of reviewers. The instrument shall
5 include objective criteria and guidelines for reviewers based
6 on existing trauma center ~~and pediatric trauma referral center~~
7 ~~verification~~ standards such that all trauma centers ~~and~~
8 ~~pediatric trauma referral centers~~ are assessed equally. The
9 survey instrument shall also include a uniform rating system
10 that will be used by reviewers to indicate the degree of
11 compliance of each trauma center with specific standards, and
12 to indicate the quality of care provided by each trauma center
13 as determined through an audit of patient charts. In addition,
14 hospitals being considered as provisional ~~state approved~~
15 trauma centers shall meet all the requirements of a ~~verified~~
16 trauma center ~~or pediatric trauma referral center~~, and shall
17 be located in a trauma service area that has a need for such a
18 trauma center.

19 (6) Based on recommendations from the review team, the
20 department shall select ~~state approved~~ trauma centers by July
21 1. An applicant for designation as a ~~state approved~~ trauma
22 center ~~or a state approved pediatric trauma referral center~~
23 may request an extension of its provisional status if it
24 submits a corrective action plan to the department. The
25 corrective action plan must demonstrate the ability of the
26 applicant to correct deficiencies noted during the applicant's
27 onsite review conducted by the department between the previous
28 October 1 and June 1. The department may extend the
29 provisional status of an applicant for designation as a
30 ~~state approved~~ trauma center ~~or a state approved pediatric~~
31 ~~trauma referral center~~ through December 31 if the applicant

1 provides a corrective action plan acceptable to the
2 department. The department or a team of out-of-state experts
3 assembled by the department shall conduct an onsite visit on
4 or before November 1 to confirm that the deficiencies have
5 been corrected. The provisional ~~state approved~~ trauma center
6 ~~or the provisional state approved pediatric trauma referral~~
7 ~~center~~ is responsible for all costs associated with the onsite
8 visit in a manner prescribed by rule of the department. By
9 January 1, the department must approve or deny the application
10 of any provisional applicant granted an extension. Each
11 ~~state approved~~ trauma center shall be granted a 7-year
12 approval ~~verification~~ period during which time it must
13 continue to maintain trauma center ~~verification~~ standards and
14 acceptable patient outcomes as determined by department rule.
15 An approval ~~A verification~~, unless sooner suspended or
16 revoked, automatically expires 7 years after the date of
17 issuance and is renewable upon application for renewal as
18 prescribed by rule of the department. ~~After July 1, 1992, only~~
19 ~~those hospitals selected as state approved trauma centers may~~
20 ~~operate as trauma centers.~~

21 (7) Any hospital that wishes to protest a decision
22 made by the department based on the department's preliminary
23 or in-depth review of applications or on the recommendations
24 of the site visit review team pursuant to this section shall
25 proceed as provided in chapter 120. Hearings held under this
26 subsection shall be conducted in the same manner as provided
27 in ss. 120.569 and 120.57. Cases filed under chapter 120 may
28 combine all disputes between parties.

29 (8) Notwithstanding any provision of chapter 381, a
30 hospital licensed under ss. 395.001-395.3025 that operates a
31 ~~state approved~~ trauma center may not terminate or

1 substantially reduce the availability of trauma service
2 without providing at least 180 days' ~~6 months'~~ notice of its
3 intent to terminate such service. Such notice shall be given
4 to the department ~~of Health~~, to all affected local or regional
5 trauma agencies, and to all ~~state approved~~ trauma centers,
6 hospitals, and emergency medical service providers in the
7 trauma service area. The department shall adopt by rule the
8 procedures and process for notification, duration, and
9 explanation of the termination of trauma services.

10 (9) Except as otherwise provided in this subsection,
11 the department or its agent may collect trauma care and
12 registry data, as prescribed by rule of the department, from
13 trauma centers, ~~pediatric trauma referral centers~~, hospitals,
14 emergency medical service providers, local or regional trauma
15 agencies, or medical examiners for the purposes of evaluating
16 trauma system effectiveness, ensuring compliance with the
17 standards ~~of verification~~, and monitoring patient outcomes. A
18 trauma center, ~~pediatric trauma referral center~~, hospital,
19 emergency medical service provider, medical examiner, or local
20 trauma agency or regional trauma agency, or a panel or
21 committee assembled by such an agency under s. 395.50(1) may,
22 but is not required to, disclose to the department patient
23 care quality assurance proceedings, records, or reports.
24 However, the department may require a local trauma agency or a
25 regional trauma agency, or a panel or committee assembled by
26 such an agency to disclose to the department patient care
27 quality assurance proceedings, records, or reports that the
28 department needs solely to conduct quality assurance
29 activities under s. 395.4015, or to ensure compliance with the
30 quality assurance component of the trauma agency's plan
31 approved under s. 395.401. The patient care quality assurance

1 proceedings, records, or reports that the department may
2 require for these purposes include, but are not limited to,
3 the structure, processes, and procedures of the agency's
4 quality assurance activities, and any recommendation for
5 improving or modifying the overall trauma system, if the
6 identity of a trauma center, ~~pediatric trauma referral center,~~
7 hospital, emergency medical service provider, medical
8 examiner, or an individual who provides trauma services is not
9 disclosed.

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

18 (11) Onsite visits by the department or its agent may
19 be conducted at any reasonable time and may include but not be
20 limited to a review of records in the possession of trauma
21 centers, ~~pediatric trauma referral centers,~~ hospitals,
22 emergency medical service providers, local or regional trauma
23 agencies, or medical examiners regarding the care, transport,
24 treatment, or examination of trauma patients.

25 (12) Patient care, transport, or treatment records or
26 reports, or patient care quality assurance proceedings,
27 records, or reports obtained or made pursuant to this section,
28 s. 395.3025(4)(f), s. 395.401, s. 395.4015, s. 395.402, s.
29 395.403, s. 395.404, s. 395.4045, s. 395.405, s. 395.50, or s.
30 395.51 must be held confidential by the department or its
31 agent and are exempt from the provisions of s. 119.07(1).

1 Patient care quality assurance proceedings, records, or
2 reports obtained or made pursuant to these sections are not
3 subject to discovery or introduction into evidence in any
4 civil or administrative action.

5 (13) The department may adopt, by rule, the procedures
6 and process by which it will select ~~state approved~~ trauma
7 centers. Such procedures and process must be used in annually
8 selecting ~~state approved~~ trauma centers and must be consistent
9 with subsections (1)-(8) except in those situations in which
10 it is in the best interest of, and mutually agreed to by, all
11 applicants within a service area and the department to reduce
12 the timeframes.

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

18 Section 8. Section 395.403, Florida Statutes, is
19 amended to read:

20 395.403 Reimbursement of ~~state sponsored~~ trauma
21 centers.--

22 ~~(1) The Legislature finds that many hospitals which~~
23 ~~provide services to trauma victims are not adequately~~
24 ~~compensated for such treatment. The Legislature also~~
25 ~~recognizes that the current verified trauma centers are~~
26 ~~providing such services without adequate reimbursement.~~
27 ~~Therefore, it is the intent of the Legislature to provide~~
28 ~~financial support to the current verified trauma centers and~~
29 ~~to establish a system of state sponsored trauma centers as~~
30 ~~soon as feasibly possible. It is also the intent of the~~
31 ~~Legislature that this system of state sponsored trauma centers~~

1 ~~be assisted financially based on the volume and acuity of~~
2 ~~uncompensated trauma care provided.~~

3 ~~(1)(2)~~ All provisional trauma centers and
4 ~~state approved~~ trauma centers shall be considered eligible to
5 receive state funding ~~state sponsored trauma centers~~ when
6 state funds are specifically appropriated for state-sponsored
7 trauma centers in the General Appropriations Act. Effective
8 July 1, 2004, the department shall make one-time payments from
9 the Administrative Trust Fund under s. 20.435 to the trauma
10 centers and a hospital with a pending application for a Level
11 I trauma center in recognition of the capital investment made
12 by the hospital to establish the trauma service. Payments
13 shall be in equal amounts for the trauma centers approved by
14 the department as of July 1 of the fiscal year in which
15 funding is appropriated, with lesser amounts for the hospital
16 with an application pending for a Level I trauma center at the
17 department as of April 1, 2004. In the event a trauma center
18 does not maintain its status as a trauma center for any state
19 fiscal year in which such funding is appropriated, the
20 provisional trauma center or trauma center shall repay the
21 state for the portion of the year during which it was not a
22 trauma center.

23 (2) Provisional trauma centers and trauma centers
24 eligible to receive distributions from the Administrative
25 Trust Fund under s. 20.435 in accordance with subsection (1)
26 may request that such funds be used as intergovernmental
27 transfer funds in the Medicaid program.

28 ~~(3) To receive state funding, a state sponsored trauma~~
29 ~~center shall submit a claim electronically via the Trauma~~
30 ~~Claims Processing System, designed, developed, implemented,~~
31 ~~and operated by the department's Medicaid program, to the~~

1 ~~department's Medicaid program upon discharge of a trauma~~
2 ~~patient. When a hospital stay spans a state fiscal year, a~~
3 ~~separate hospital claim shall be submitted for the hospital~~
4 ~~days incurred in each fiscal year.~~

5 ~~(4)(a) State sponsored trauma centers shall determine~~
6 ~~each trauma patient's eligibility for state funding prior to~~
7 ~~the submission of a claim.~~

8 ~~(b) A trauma patient treated must meet the definition~~
9 ~~of charity care, have been designated as having an ISS score~~
10 ~~of 9 or greater, and have received services that are medically~~
11 ~~necessary from a state sponsored trauma center in order for~~
12 ~~the state sponsored trauma center to receive state funding for~~
13 ~~that patient.~~

14 ~~(c) Each state sponsored trauma center shall retain~~
15 ~~appropriate documentation showing a trauma patient's~~
16 ~~eligibility for state funding. Documentation recognized by the~~
17 ~~department as appropriate shall be limited to one of the~~
18 ~~following:~~

19 ~~1. W 2 withholding forms.~~

20 ~~2. Payroll stubs.~~

21 ~~3. Income tax returns.~~

22 ~~4. Forms approving or denying unemployment~~
23 ~~compensation or workers' compensation.~~

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

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

28 ~~7. A witnessed statement signed by the patient or~~
29 ~~responsible party, as provided for in Pub. L. No. 79 725, as~~
30 ~~amended, known as the Hill Burton Act, except that such~~
31 ~~statement need not be obtained within 48 hours of the~~

1 ~~patient's admission to the hospital as required by the~~
2 ~~Hill Burton Act. The statement shall include acknowledgment~~
3 ~~that, in accordance with s. 817.50, providing false~~
4 ~~information to defraud a hospital for the purposes of~~
5 ~~obtaining goods or services is a misdemeanor of the second~~
6 ~~degree.~~

7 ~~(d) The department shall conduct an audit or shall~~
8 ~~contract with an independent party to conduct an audit of each~~
9 ~~state sponsored trauma center's claims to ensure that state~~
10 ~~funding was only provided for eligible trauma patients and~~
11 ~~medically necessary services.~~

12 ~~(e) The department's Medicaid program office shall~~
13 ~~check each claim to confirm that the patient is not covered~~
14 ~~under the Medicaid program and shall pay the claim out of the~~
15 ~~Trauma Services Trust Fund. Trauma patients who are eligible~~
16 ~~for the Medicaid program shall not be considered eligible for~~
17 ~~the state sponsored trauma center program except for Medicaid~~
18 ~~noncovered services. If a claim is denied by the Trauma Claims~~
19 ~~Processing System as a result of Medicaid eligibility for~~
20 ~~Medicaid covered services, the hospital shall submit a claim~~
21 ~~to the Medicaid fiscal agent for payment.~~

22 ~~(5) State funding shall be at a per diem rate equal to~~
23 ~~\$860 to provisional state approved and state approved trauma~~
24 ~~centers. This rate shall be effective for the first 12 months~~
25 ~~of funding, after which time payment to provisional~~
26 ~~state approved and state approved trauma centers shall be~~
27 ~~based on a trauma cost based reimbursement methodology~~
28 ~~developed by the department. The department shall consult with~~
29 ~~representatives from the hospital industry including the~~
30 ~~Florida Hospital Association, the Association of Voluntary~~
31

1 ~~Hospitals of Florida, and the Florida League of Hospitals in~~
 2 ~~the development of the reimbursement methodology.~~

3 ~~(6)(a) To ensure a fair distribution of funds~~
 4 ~~appropriated for state sponsored trauma centers and to ensure~~
 5 ~~that no state sponsored trauma center gains an unfair~~
 6 ~~advantage due solely to its ability to bill more quickly than~~
 7 ~~another state sponsored trauma center, the total amount of~~
 8 ~~state funds appropriated in the General Appropriations Act for~~
 9 ~~this section shall be divided into 19 trauma fund accounts~~
 10 ~~with an account for each service area established in s.~~

11 ~~395.402(3). The amount of funds distributed to a service area~~
 12 ~~shall be based on the following formula:~~

$$14 \quad \text{SAAA} = \frac{\text{SATD}}{\text{TTD}} \times \text{TA}$$

15
 16
 17 where:

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

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

21 ~~TTD = uncompensated total trauma days with ISS score of~~
 22 ~~9 or greater for all 19 service areas.~~

23 ~~TA = total dollars appropriated for state sponsored~~
 24 ~~trauma centers.~~

25 ~~(b) The database to be used for this calculation shall~~
 26 ~~be the detailed patient discharge data of the most recently~~
 27 ~~completed calendar year for which the board possesses data.~~
 28 ~~Out of state days that are included in the database shall be~~
 29 ~~allocated to the service area where the treating hospital is~~
 30 ~~located.~~

31

1 ~~(c) Fifty percent of the funds allocated to those~~
2 ~~service areas which had one or more trauma centers as of~~
3 ~~December 1, 1989, shall be distributed to those verified~~
4 ~~trauma centers proportionately based on volume and acuity of~~
5 ~~uncompensated trauma care provided during the most recently~~
6 ~~completed calendar year for which the board possesses data in~~
7 ~~a lump sum payment on the date funding becomes available.~~
8 ~~These trauma centers shall submit claims pursuant to~~
9 ~~subsection (3) in order to justify this funding. Effective 9~~
10 ~~months after funding becomes available, any trauma center~~
11 ~~which fails to submit claims for reimbursement equal to or~~
12 ~~greater than the amount the trauma center received under the~~
13 ~~initial allocation shall return any unearned funds to the~~
14 ~~department for distribution pursuant to paragraph (c). Once~~
15 ~~this 50 percent lump sum is depleted, a trauma center will be~~
16 ~~reimbursed from the remaining 50 percent of the service area's~~
17 ~~original allocation.~~

18 ~~(d) The department shall pay trauma claims on a~~
19 ~~monthly basis. In a given month when the outstanding claims~~
20 ~~will exceed the unexpended funds allocated to a service area,~~
21 ~~the department shall pay all of the submitted claims for the~~
22 ~~service area on a pro rata basis.~~

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

28 ~~(f) For any state fiscal year, reimbursement for any~~
29 ~~patient residing outside the trauma service area of the~~
30 ~~state sponsored trauma center where the patient is treated~~
31 ~~shall be paid out of the funds allocated for the trauma~~

1 ~~service area where the patient resides. Out of state days~~
2 ~~shall be paid from the service area where the treating~~
3 ~~hospital is located.~~

4 (3)(7) In order to receive state funding payments
5 ~~under this section~~, a hospital shall be a ~~state sponsored~~
6 trauma center and shall:

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

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

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

14 (4)(8) A ~~state sponsored~~ trauma center that which
15 fails to comply with any of the conditions listed in
16 subsection(3)(7) or the applicable rules of the department
17 shall not receive payments under this section for the period
18 in which it was not in compliance.

19 Section 9. Section 401.24, Florida Statutes, is
20 amended to read:

21 401.24 Emergency medical services state plan.--The
22 department is responsible, at a minimum, for the improvement
23 and regulation of basic and advanced life support programs.
24 The department shall develop and biennially revise a
25 comprehensive state plan for basic and advanced life support
26 services, the emergency medical services grants program,
27 ~~state approved~~ trauma centers, ~~state approved pediatric trauma~~
28 ~~referral centers~~, the injury control program, and medical
29 disaster preparedness. The state plan shall include, but need
30 not be limited to:

31

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

5 (2) Requirements for the operation, coordination, and
6 ongoing development of emergency medical services, which
7 includes: basic life support or advanced life support
8 vehicles, equipment, and supplies; communications; personnel;
9 training; public education; state trauma system; injury
10 control; and other medical care components.

11 (3) The definition of areas of responsibility for
12 regulating and planning the ongoing and developing delivery
13 service requirements.

14 Section 10. The sum of \$300,000 is appropriated from
15 the General Revenue Fund to the Administrative Trust Fund for
16 the Department of Health to contract with a state university
17 to conduct the study required under section 395.402, Florida
18 Statutes.

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

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