

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

BILL: CS/SB 1818

SPONSOR: Committee on Home Defense, Public Security, and Ports

SUBJECT: Trauma Regions

DATE: March 16, 2004

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Dodson</u>	<u>Skelton</u>	<u>HP</u>	<u>Favorable/CS</u>
2.	_____	_____	<u>HC</u>	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

I. Summary:

CS/SB 1818 codifies recommendations contained in the Home Defense, Public Security, and Ports Committee Interim Project Report on Florida's hospital response capacity.

The Committee Substitute requires that the trauma regions established by the Department of Health have boundaries that are coterminous with the seven statutorily designated boundaries of the regional domestic security task forces. The Committee Substitute also provides certain requirements that must be considered by trauma regions in instances where a trauma service area is located within the boundaries of more than one trauma region. The bill authorizes the continuation of trauma services by trauma agencies established before July 1, 2004, in accordance with established agreements and procedures.

This bill amends ss. 395.4015 and 395.402, Florida Statutes.

II. Present Situation:

Trauma Care System. The regulation of trauma centers in Florida is established under Chapter 395 of the Florida Statutes. Trauma centers treat individuals who have incurred a single or multisystem injury due to blunt or penetrating means or burns and who require immediate medical intervention or treatment. In order to provide timely access to care, trauma standards are based on the "golden hour" principle, which is generally defined by emergency medical personnel as the first 60 minutes of intensive care during which it is possible to save the life of an injured or traumatized person.

A report issued in 1999 by the Department of Health led to significant statutory changes to address the lack of timely access to trauma care due to the state's fragmented trauma system.¹ The Department of Health (DOH) was assigned the responsibility for planning and establishing a statewide inclusive system for trauma care.

As part of the state trauma system plan, s. 395.4015, F.S., requires DOH to establish trauma regions which cover all geographical areas of the state. These regions may serve as the basis for the development of department-approved local or regional trauma plans. These regions may be defined by DOH based upon, but not limited to: geographical considerations that ensure rapid access to trauma care by patients; historical patterns of patient referral and transfer in an area; inventories of available trauma care resources; predicted population growth characteristics; transportation capabilities; and medically appropriate ground and air travel times.

Pursuant to s. 395.402, F.S., Florida is divided into 19 "trauma service areas." A trauma service area is determined based on population density and an ability to respond to a specified number of patients in a trauma center environment. For purposes of medical response times, the trauma service areas are designed to provide the best and fastest services to the state's population. Each trauma service area should have at least one Level I or Level II trauma center, and DOH is required to allocate, by rule, the number of trauma centers needed for each trauma service area.

Senate Interim Study. During the 2003-2004 interim, the Committee on Home Defense, Public Security, and Ports conducted an interim study which reviewed Florida's hospital response capacity and examined the disparity of available trauma centers across the state. *See Hospital Response Capacity* (December 2003), Report Number 2004-148, Senate Committee on Home Defense, Public Security, and Ports.

The interim study found that trauma care is available in most areas of the state, but a coordinated, operational system for trauma and general hospital emergency response has not been completed. The state has not been formally organized into trauma regions as required in s. 395.4015, F.S. To date, only four trauma regions encompassing 15 counties have been established; fifty-two counties are currently not assigned to a state trauma region.

In the Senate report, a recommendation was made to adopt the seven statutorily designated Regional Domestic Security Task Force (RDSTF) regions² as the state's "trauma regions" while maintaining the 19 "trauma service areas" within those regions.

III. Effect of Proposed Changes:

This bill amends s. 395.4015, F.S., to require the Department of Health to establish trauma regions that cover all geographical areas of the state and have boundaries that are coterminous with the boundaries of the regional domestic security task forces established in s. 943.0312, F.S. The bill deletes current provisions upon which the department is required to base its definition of trauma regions and deletes the minimum components for developing trauma systems plans for trauma regions.

¹ Chapter 99-397, Laws of Florida.

² S. 943.0312, F.S.

Section 395.402, F.S., is amended to require the consideration of a trauma service area's needs, response capability, and system requirements in those instances where a trauma service area is located within the boundaries of more than one trauma region.

The Committee Substitute authorizes the continuation of trauma services by or in coordination with a trauma agency established before July 1, 2004, in accordance with any public or private agreements and operational procedures entered into as provided in s. 395.401.

This bill is effective July 1, 2004.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, s. 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Article I, s. 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

D. Other Constitutional Issues:

None.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

According to the Department of Health, this bill will have no fiscal impact on the department.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Amendments:

None.

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