

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 1911 (PCB HC 04-12) Trauma Services
SPONSOR(S): Committee on Health Care and Farkas
TIED BILLS: None. **IDEN./SIM. BILLS:** CS/SB 1818(s)

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Health Care	19 Y, 0 N	Rawlins	Collins
2)			
3)			
4)			
5)			

SUMMARY ANALYSIS

The regulation of trauma centers in Florida is established under Chapter 395, F.S. Trauma centers treat individuals who have incurred a single or multi-system 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 (DOH) led to significant statutory changes to address the lack of timely access to trauma care due to the state's fragmented trauma system. The Department of Health was assigned the responsibility for planning and establishing a statewide inclusive system for trauma care.

An interim study by the Florida Senate 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) regions as the state's "trauma regions" while maintaining the 19 "trauma service areas" within those regions. 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 system plans for trauma regions.

This bill amends s. 395.402, F.S., specifying that the Legislature recognizes the need for a statewide, cohesive, uniform, and integrated trauma system. The bill requires the Department of Health to conduct a study by December 1, 2004, to determine the effectiveness of providing trauma care uniformly throughout the state.

The bill provides for an effective date of July 1, 2004.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives.

STORAGE NAME: h1911.hc.doc
DATE: April 7, 2004

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. DOES THE BILL:

- | | | | |
|--------------------------------------|------------------------------|--|---|
| 1. Reduce government? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. Lower taxes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 3. Expand individual freedom? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 4. Increase personal responsibility? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 5. Empower families? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |

For any principle that received a “no” above, please explain:

The bill requires additional government regulation in defining trauma regions.

B. EFFECT OF PROPOSED CHANGES:

Trauma Care System

The regulation of trauma centers in Florida is established under Chapter 395, F.S. 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 (DOH) led to significant statutory changes to address the lack of timely access to trauma care due to the state’s fragmented trauma system. The Department of Health 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.¹

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) regions as the state's "trauma regions" while maintaining the 19 "trauma service areas" within those regions.

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 system plans for trauma regions.

This bill amends s. 395.402, F.S., specifying that the Legislature recognizes the need for a statewide, cohesive, uniform, and integrated trauma system. The bill requires the Department of Health to conduct a study by December 1, 2004, to determine the effectiveness of providing trauma care uniformly throughout the state. The assessment shall:

- ✓ Consider aligning trauma service areas within the trauma region boundaries as established in July 2004.
- ✓ Review the number and level of trauma centers needed for each trauma service area to provide a statewide integrated trauma system.
- ✓ Establish criteria for determining the number and level of trauma centers needed to serve the population in a defined trauma service area or region.
- ✓ Consider including a criteria within trauma center verification standards based upon the number of trauma victims served within a service area.
- ✓ Review the Regional Domestic Security Task Force structure and determine whether integrating the trauma system planning with inter-agency regional emergency and disaster planning efforts is feasible and identify any duplication of efforts between the two entities.

In conducting this assessment and subsequent annual reviews, the department shall consider:

- ✓ The recommendations made as part of the regional trauma system plans submitted by regional trauma agencies;
- ✓ Stakeholder recommendations;
- ✓ The geographical composition of an area to ensure rapid access to trauma care by patients;
- ✓ Historical patterns of patient referral and transfer in an area;
- ✓ Inventories of available trauma care resources, including professional medical staff;
- ✓ Population growth characteristics;
- ✓ Transportation capabilities, including ground and air transport;
- ✓ Medically appropriate ground and air travel times;
- ✓ Recommendations of the Regional Domestic Security Task Force; and
- ✓ The actual number of trauma victims currently being served by each trauma center.

¹ See Hospital Response Capacity (December 2003), Report Number 2004-148, Senate Committee on Home Defense, Public Security, and Ports.

C. SECTION DIRECTORY:

Section 1. Amends s. 395.4015, F.S., requires the boundaries of the trauma regions administered by the Department of Health be coterminous with the boundaries of the regional domestic security task forces established within the Department of Law Enforcement; and authorizes the continuation of trauma services by certain agencies in accordance with established agreements and procedures.

Section 2. Amends s. 395.402, F.S., requires an assessment of the trauma system; specifies criteria for assessment; provides requirements for the regional trauma system plan when a trauma service area is located within the boundaries of more than one trauma region.

Section 3. Amend s. 395.40, F.S., requires an annual update of the state trauma system plan.

Section 4. Amends s. 395.403, F.S., corrects a cross reference.

Section 5. Provides for an effective date of July 1, 2004.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

See Fiscal Comments.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

According to the Department of Health, the "assessment" of the trauma system required to be submitted to the Governor, President of the Senate, Speaker of the House, and substantive legislative committees will cost approximately \$400,000.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds. This bill does not reduce the percentage of a state tax shared with counties or municipalities. This bill does not reduce the authority that municipalities have to raise revenue.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

The Department of Health indicated that because they will have to contract for the comprehensive study, it would be difficult to complete the assessment by the December 1, 2004 deadline.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES