HB 1911 2004 A bill to be entitled

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An act relating to trauma regions; amending s. 395.4015, F.S.; requiring that trauma region boundaries be coterminous with the boundaries of the regional domestic security task forces; providing an exception; removing other requirements for such boundaries; deleting the authority to accept state trauma system plan components developed by other entities; amending s. 395.402, F.S.; providing additional legislative intent with respect to trauma service areas; providing a treatment capacity for certain trauma centers; providing that current trauma service areas shall be used until the Department of Health completes an assessment of the trauma system; requiring a report; providing guidelines for such assessment; requiring annual review; amending s. 395.40, F.S.; requiring an annual update of the state trauma system plan; amending s. 395.403, F.S.; correcting a cross reference; providing an effective date.

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

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Section 395.4015, Florida Statutes, is amended to read:

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395.4015 State regional trauma planning; trauma regions.--The department shall establish a state trauma system

26 27 plan. As part of the state trauma system plan, the department shall establish trauma regions that which cover all geographical areas of the state and have boundaries that are coterminous with

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the boundaries of the regional domestic security task forces

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30 established under s. 943.0312. However, the delivery of trauma 31 services by or in coordination with a trauma agency established before July 1, 2004, may continue in accordance with any public 32 or private agreements and operational procedures entered into as 33 provided in s. 395.401. These regions may serve as the basis for 34 the development of department-approved local or regional trauma 35 36 plans. The department shall base its definition of the regions 37 upon: (a) Geographical considerations so as to ensure rapid 38 39 access to trauma care by patients; 40 (b) Historical patterns of patient referral and transfer 41 in an area; 42 (c) Inventories of available trauma care resources; 43 (d) Predicted population growth characteristics; 44 (e) Transportation capabilities, including ground and air 45 transport; 46 (f) Medically appropriate ground and air travel times; and 47 (g) Other appropriate criteria. (2) The department shall develop trauma systems plans for 48 49 the department-defined trauma regions which include at a minimum the following components: 50 51 (a) An assessment of current and future trauma care needs 52 of the population, based upon incidence rates and acuity indicators developed by the department, as well as other 53 54 relevant characteristics of the region. 55 (b) The organizational structure of the regional trauma 56 system, including the identification of local trauma agency 57 service areas within the region.

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

- (d) Flow patterns of trauma cases and transportation system design and resources, including air transportation services, provision for interfacility trauma transfer, and the prehospital transportation of trauma victims. The department shall plan for the development of a system of transportation of trauma alert victims to trauma centers where the distance or time to a trauma center or transportation resources diminish access by trauma alert victims.
- (e) The current and projected number, acuity level, and geographic location of trauma cases expected so as to assure that the assessed current and future trauma care needs of the population are adequately met and that state-sponsored trauma centers will maintain the volume of cases sufficient to provide quality care to trauma cases referred to them.
- (f) The availability of qualified health professionals, including physicians and surgeons, capable of staffing trauma centers to the level of current and future assessed needs.
- (g) Data collection regarding system operation and patient outcome, as well as the number, type, and generalized locations of state-sponsored trauma centers needed to meet the needs of the population.
- (h) Periodic performance evaluation of the trauma system and its components.
- (i) The type and extent of air transport services available and needed in each region.
- (j) Public information and education about the trauma system.

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

- (1) The coordination and integration between the trauma centers and other health care facilities which may provide services to trauma victims.
  - (m) Medical control and accountability.

- (n) Quality management and system evaluation.
- (2)(3) The department shall consider the advice and recommendations of any affected local or regional trauma agency in developing the state trauma systems plan. The department may, in lieu of specific regional components of its own plan, accept components developed by local or regional trauma agencies.
- $\underline{(3)}$  (4) The department shall use the state trauma system plan as the basis for establishing a statewide inclusive trauma system.
- Section 2. Section 395.402, Florida Statutes, is amended to read:
- 395.402 Trauma service areas; number and location of trauma centers.--
- (1) The Legislature recognizes the need for a statewide, cohesive, uniform, and integrated trauma system. Within the trauma service areas, that Level I and Level II trauma centers shall should each be capable of annually treating a minimum of 1,000 and 500 patients, respectively, with an injury severity score (ISS) of 9 or greater. Level II trauma centers in counties with a population of more than 500,000 shall have the capacity to care for a minimum of 1,000 patients per year. Further, the Legislature finds that, based on the numbers and locations of trauma victims with these injury severity scores, there should

be 19 trauma service areas in the state, and, at a minimum,

there should be at least one trauma center in each service area.

- (2) It is the intent of the Legislature that, as a planning guideline, Level I and Level II trauma centers should generally each provide care annually to a minimum of 1,000 and 500 patients, respectively. Level II trauma centers in counties of more than 500,000 population are expected to be able to care for 1,000 patients per year, as a planning guideline.
- (2)(3) Trauma service areas as described in this section are to be utilized until the Department of Health completes an assessment of the trauma system and reports its findings to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the substantive legislative committees. The report shall be submitted by December 1, 2004. The department shall review the existing trauma system and determine whether it is effective in providing trauma care uniformly throughout the state. The assessment shall:
- (a) Consider aligning trauma service areas within the trauma region boundaries as established in July 2004.
- (b) Review the number and level of trauma centers needed for each trauma service area to provide a statewide integrated trauma system.
- (c) Establish criteria for determining the number and level of trauma centers needed to serve the population in a defined trauma service area or region.
- (d) Consider including a criteria within trauma center verification standards based upon the number of trauma victims served within a service area.
  - (e) Review the Regional Domestic Security Task Force

HB 1911 2004 145 structure and determine whether integrating the trauma system 146 planning with interagency regional emergency and disaster 147 planning efforts is feasible and identify any duplication of 148 efforts between the two entities. 149 (3) In conducting this assessment and subsequent annual 150 reviews, the department shall consider: 151 (a) The recommendations made as part of the regional 152 trauma system plans submitted by regional trauma agencies. 153 (b) Stakeholder recommendations. 154 (c) The geographical composition of an area to ensure 155 rapid access to trauma care by patients. (d) Historical patterns of patient referral and transfer 156 157 in an area. 158 (e) Inventories of available trauma care resources, 159 including professional medical staff. 160 (f) Population growth characteristics. (g) Transportation capabilities, including ground and air 161 162 transport. 163 (h) Medically appropriate ground and air travel times. 164 (i) Recommendations of the Regional Domestic Security Task 165 Force. 166 The actual number of trauma victims currently being 167 served by each trauma center. 168 (k) Other appropriate criteria. 169 (4) Annually thereafter, used. the department shall 170 periodically review the assignment of the 67 counties to trauma 171 service areas, in addition to the requirements of paragraphs 172 (2)(b)-(e) and subsection (3). County These assignments are made

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for the purpose of developing a system of trauma centers.

Revisions made by the department shall should take into consideration the recommendations made as part of the regional trauma system plans approved by the department, and as well as the recommendations made as part of the state trauma system plan. In cases where a trauma service area is located within the boundaries of more than one trauma region, the trauma service area's needs, response capability, and system requirements shall be considered by each trauma region served by that trauma service area in its regional system plan These areas must, at a minimum, be reviewed in the year 2000 and every 5 years thereafter. Until the department completes the December 2004 assessment its initial review, the assignment of counties shall remain as established in this section pursuant to chapter 90-284. Laws of Florida.

- (a) The following trauma service areas are hereby established:
- 1. Trauma service area 1 shall consist of Escambia, Okaloosa, Santa Rosa, and Walton Counties.
- 2. Trauma service area 2 shall consist of Bay, Gulf, Holmes, and Washington Counties.
- 3. Trauma service area 3 shall consist of Calhoun, Franklin, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, and Wakulla Counties.
- 4. Trauma service area 4 shall consist of Alachua,
  Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy,
  Putnam, Suwannee, and Union Counties.
- 5. Trauma service area 5 shall consist of Baker, Clay, Duval, Nassau, and St. Johns Counties.

202 6. Trauma service area 6 shall consist of Citrus, 203 Hernando, and Marion Counties.

- 7. Trauma service area 7 shall consist of Flagler and Volusia Counties.
- 8. Trauma service area 8 shall consist of Lake, Orange,
  Osceola, Seminole, and Sumter Counties.
- 9. Trauma service area 9 shall consist of Pasco and Pinellas Counties.
- 210 10. Trauma service area 10 shall consist of Hillsborough 211 County.
- 212 11. Trauma service area 11 shall consist of Hardee, 213 Highlands, and Polk Counties.
- 214 12. Trauma service area 12 shall consist of Brevard and 215 Indian River Counties.
- 216 13. Trauma service area 13 shall consist of DeSoto, 217 Manatee, and Sarasota Counties.
- 218 14. Trauma service area 14 shall consist of Martin, 219 Okeechobee, and St. Lucie Counties.
- 220 15. Trauma service area 15 shall consist of Charlotte, 221 Glades, Hendry, and Lee Counties.
- 222 16. Trauma service area 16 shall consist of Palm Beach 223 County.
- 224 17. Trauma service area 17 shall consist of Collier 225 County.
- 226 18. Trauma service area 18 shall consist of Broward 227 County.
- 19. Trauma service area 19 shall consist of Dade and Monroe Counties.

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

- (c) There shall be no more than a total of 44 statesponsored trauma centers in the state.
- Section 3. Subsection (6) of section 395.40, Florida Statutes, is amended to read:
  - 395.40 Legislative findings and intent. --

- (6) Furthermore, the Legislature encourages the department to actively foster the provision of trauma care and serve as a catalyst for improvements in the process and outcome of the provision of trauma care in an inclusive trauma system. Among other considerations, the department is required encouraged to:
- (a) Promote the development of at least one trauma center in every trauma service area.
- (b) Promote the development of a trauma agency for each trauma region.
- (c) Update the state trauma system plan by December  $\underline{2004}$  and at least annually every 5th year thereafter.
- Section 4. Paragraph (a) of subsection (6) of section 395.403, Florida Statutes, is amended to read:
  - 395.403 Reimbursement of state-sponsored trauma centers.--
- (6)(a) To ensure a fair distribution of funds appropriated for state-sponsored trauma centers and to ensure that no state-sponsored trauma center gains an unfair advantage due solely to its ability to bill more quickly than another state-sponsored trauma center, the total amount of state funds appropriated in the General Appropriations Act for this section shall be divided

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HB 1911 2004 259 into 19 trauma fund accounts with an account for each service 260 area established in s. 395.402(2)(3). The amount of funds 261 distributed to a service area shall be based on the following 262 formula: x TA SAAA= SATD TTD 263 264 where: 265 SAAA = service area appropriation amount. 266 SATD = uncompensated service area trauma days with ISS 267 score of 9 or greater. TTD = uncompensated total trauma days with ISS score of 9 268 269 or greater for all 19 service areas. 270 TA = total dollars appropriated for state-sponsored trauma 271 centers. 272

Section 5. This act shall take effect July 1, 2004.