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1 A bill to be entitled

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19 395.4025, F.S.; deleting outdated provisions; providing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

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

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

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

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

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

2.~~(b)~~ If the ordinance is conditioned on a referendum, a statement that includes a brief and general description of the

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59 purposes to be funded by the surtax and that conforms to the
 60 requirements of s. 101.161 shall be placed on the ballot by the
 61 governing body of the county. The following questions shall be
 62 placed on the ballot:

63
 64 FOR THE. . . .CENTS TAX

65 AGAINST THE. . . .CENTS TAX

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 67 3.(e) The ordinance adopted by the governing body
 68 providing for the imposition of the surtax shall set forth a
 69 plan for providing health care services to qualified residents,
 70 as defined in subparagraph 4. ~~paragraph (d)~~. Such plan and
 71 subsequent amendments to it shall fund a broad range of health
 72 care services for both indigent persons and the medically poor,
 73 including, but not limited to, primary care and preventive care
 74 as well as hospital care. The plan must also address the
 75 services to be provided by the Level I trauma center. It shall
 76 emphasize a continuity of care in the most cost-effective
 77 setting, taking into consideration both a high quality of care
 78 and geographic access. Where consistent with these objectives,
 79 it shall include, without limitation, services rendered by
 80 physicians, clinics, community hospitals, mental health centers,
 81 and alternative delivery sites, as well as at least one regional
 82 referral hospital where appropriate. It shall provide that
 83 agreements negotiated between the county and providers,
 84 including hospitals with a Level I trauma center, will include
 85 reimbursement methodologies that take into account the cost of
 86 services rendered to eligible patients, recognize hospitals that
 87 render a disproportionate share of indigent care, provide other

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88 incentives to promote the delivery of charity care, promote the
 89 advancement of technology in medical services, recognize the
 90 level of responsiveness to medical needs in trauma cases, and
 91 require cost containment including, but not limited to, case
 92 management. It must also provide that any hospitals that are
 93 owned and operated by government entities on May 21, 1991, must,
 94 as a condition of receiving funds under this subsection, afford
 95 public access equal to that provided under s. 286.011 as to
 96 meetings of the governing board, the subject of which is
 97 budgeting resources for the rendition of charity care as that
 98 term is defined in the Florida Hospital Uniform Reporting System
 99 (FHURS) manual referenced in s. 408.07. The plan shall also
 100 include innovative health care programs that provide cost-
 101 effective alternatives to traditional methods of service
 102 delivery and funding.

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

106 ~~a.1-~~ Qualified as indigent persons as certified by the
 107 authorizing county;

108 ~~b.2-~~ Certified by the authorizing county as meeting the
 109 definition of the medically poor, defined as persons having
 110 insufficient income, resources, and assets to provide the needed
 111 medical care without using resources required to meet basic
 112 needs for shelter, food, clothing, and personal expenses; or not
 113 being eligible for any other state or federal program, or having
 114 medical needs that are not covered by any such program; or
 115 having insufficient third-party insurance coverage. In all

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116 cases, the authorizing county is intended to serve as the payor
 117 of last resort; or

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

120 ~~5.(e)~~ Moneys collected pursuant to this paragraph
 121 ~~subsection~~ remain the property of the state and shall be
 122 distributed by the Department of Revenue on a regular and
 123 periodic basis to the clerk of the circuit court as ex officio
 124 custodian of the funds of the authorizing county. The clerk of
 125 the circuit court shall:

126 ~~a.1.~~ Maintain the moneys in an indigent health care trust
 127 fund;

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

130 ~~c.3.~~ Disburse the funds, including any interest earned, to
 131 any provider of health care services, as provided in
 132 subparagraphs 3. and 4. paragraphs (c) and (d), upon directive
 133 from the authorizing county. However, if a county has a
 134 population of at least 800,000 residents and has levied the
 135 surtax authorized in this paragraph subsection, notwithstanding
 136 any directive from the authorizing county, on October 1 of each
 137 calendar year, the clerk of the court shall issue a check in the
 138 amount of \$6.5 million to a hospital in its jurisdiction that
 139 has a Level I trauma center or shall issue a check in the amount
 140 of \$3.5 million to a hospital in its jurisdiction that has a
 141 Level I trauma center if that county enacts and implements a
 142 hospital lien law in accordance with chapter 98-499, Laws of
 143 Florida. The issuance of the checks on October 1 of each year is
 144 provided in recognition of the Level I trauma center status and

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145 shall be in addition to the base contract amount received during
 146 fiscal year 1999-2000 and any additional amount negotiated to
 147 the base contract. If the hospital receiving funds for its Level
 148 I trauma center status requests such funds to be used to
 149 generate federal matching funds under Medicaid, the clerk of the
 150 court shall instead issue a check to the Agency for Health Care
 151 Administration to accomplish that purpose to the extent that it
 152 is allowed through the General Appropriations Act; and

153 d.4. Prepare on a biennial basis an audit of the trust
 154 fund specified in sub-subparagraph a. ~~subparagraph 1.~~ Commencing
 155 February 1, 2004, such audit shall be delivered to the governing
 156 body and to the chair of the legislative delegation of each
 157 authorizing county.

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

162 (b) Notwithstanding any other provision of this section,
 163 the governing body in each county the government of which is not
 164 consolidated with that of one or more municipalities and which
 165 has a population of less than 800,000 residents, may levy, by
 166 ordinance subject to approval by a majority of the electors of
 167 the county voting in a referendum, a discretionary sales surtax
 168 at a rate that may not exceed 0.25 percent for the sole purpose
 169 of funding trauma services provided by a trauma center licensed
 170 pursuant to chapter 395.

171 1. A statement that includes a brief and general
 172 description of the purposes to be funded by the surtax and that
 173 conforms to the requirements of s. 101.161 shall be placed on

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174 the ballot by the governing body of the county. The following
 175 shall be placed on the ballot:

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177 FOR THE. . . .CENTS TAX

178 AGAINST THE. . . .CENTS TAX

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

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

190 a. Maintain the moneys in the Administrative Trust Fund
 191 under s. 20.435.

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

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

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

206 4. A discretionary sales surtax imposed pursuant to this
 207 paragraph shall expire 4 years after the effective date of the
 208 surtax, unless reenacted by ordinance subject to approval by a
 209 majority of the electors of the county voting in a subsequent
 210 referendum.

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

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

217 395.40 Legislative findings and intent.--

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

220 (a) Establish a coordinated methodology for monitoring,
 221 evaluating, and enforcing the requirements of the state's
 222 inclusive trauma system which recognizes the interests of each
 223 agency.

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

228 (c) Develop and submit appropriate requests for waivers of
 229 federal requirements which will facilitate the delivery of
 230 trauma care.

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231 (d) Develop criteria that will become the future basis for
 232 ~~mandatory~~ consultation between acute care hospitals and trauma
 233 centers on the care of trauma victims and the mandatory transfer
 234 of appropriate trauma victims to trauma centers.

235 (e) Develop a coordinated approach to the care of the
 236 trauma victim. This shall include the movement of the trauma
 237 victim through the system of care and the identification of
 238 medical responsibility for each phase of care for out-of-
 239 hospital and in-hospital trauma care.

240 (f) Require the medical director of an emergency medical
 241 services provider to have medical accountability for a trauma
 242 victim during interfacility transfer.

243 (6) Furthermore, the Legislature encourages the department
 244 to actively foster the provision of trauma care and serve as a
 245 catalyst for improvements in the process and outcome of the
 246 provision of trauma care in an inclusive trauma system. Among
 247 other considerations, the department is required ~~encouraged~~ to:

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

250 (b) Promote the development of a trauma agency for each
 251 trauma region.

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

254 Section 3. Section 395.4001, Florida Statutes, is amended
 255 to read:

256 395.4001 Definitions.--As used in this part, the term:

257 (1) "Agency" means the Agency for Health Care
 258 Administration.

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259 (2) "Charity care" or "uncompensated trauma ~~charity~~ care"
 260 means that portion of hospital charges reported to the agency
 261 for which there is no compensation, other than restricted or
 262 unrestricted revenues provided to a hospital by local
 263 governments or tax districts regardless of method of payment,
 264 for care provided to a patient whose family income for the 12
 265 months preceding the determination is less than or equal to 200
 266 ~~150~~ percent of the federal poverty level, unless the amount of
 267 hospital charges due from the patient exceeds 25 percent of the
 268 annual family income. However, in no case shall the hospital
 269 charges for a patient whose family income exceeds four times the
 270 federal poverty level for a family of four be considered
 271 charity.

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

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

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

277 (a) Has formal research and education programs for the
 278 enhancement of trauma care; and is verified ~~determined~~ by the
 279 department to be in substantial compliance with Level I trauma
 280 center and pediatric trauma ~~referral~~ center standards; and has
 281 been approved by the department to operate as a Level I trauma
 282 center.

283 (b) Serves as a resource facility to Level II trauma
 284 centers, pediatric trauma referral centers, and general
 285 hospitals through shared outreach, education, and quality
 286 improvement activities.

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287 (c) Participates in an inclusive system of trauma care,
 288 including providing leadership, system evaluation, and quality
 289 improvement activities.

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

291 (a) Is verified ~~determined~~ by the department to be in
 292 substantial compliance with Level II trauma center standards and
 293 has been approved by the department to operate as a Level II
 294 trauma center.

295 (b) Serves as a resource facility to general hospitals
 296 through shared outreach, education, and quality improvement
 297 activities.

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

299 (7) "Pediatric trauma referral center" means a hospital
 300 that is verified ~~determined~~ by the department to be in
 301 substantial compliance with pediatric trauma ~~referral~~ center
 302 standards as established by rule of the department and has been
 303 approved by the department to operate as a pediatric trauma
 304 center.

305 (8) "Provisional trauma center" means a hospital that has
 306 been verified by the department to be in substantial compliance
 307 with the requirements in s. 395.4025 and has been approved by
 308 the department to operate as a provisional Level I trauma
 309 center, Level II trauma center, or pediatric trauma center.

310 ~~(8) "State-approved trauma center" means a hospital that~~
 311 ~~has successfully completed the selection process pursuant to s.~~
 312 ~~395.4025 and has been approved by the department to operate as a~~
 313 ~~trauma center in the state.~~

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

317 (9)~~(10)~~ "Trauma agency" means a department-approved agency
 318 established and operated by one or more counties, or a
 319 department-approved entity with which one or more counties
 320 contract, for the purpose of administering an inclusive regional
 321 trauma system.

322 (10)~~(11)~~ "Trauma alert victim" means a person who has
 323 incurred a single or multisystem injury due to blunt or
 324 penetrating means or burns, who requires immediate medical
 325 intervention or treatment, and who meets one or more of the
 326 adult or pediatric scorecard criteria established by the
 327 department by rule.

328 (11)~~(12)~~ "Trauma center" means a ~~any~~ hospital that has
 329 been verified ~~determined~~ by the department to be in substantial
 330 compliance with the requirements in s. 395.4025 and has been
 331 approved by the department to operate as a Level I trauma
 332 center, Level II trauma center, or pediatric trauma center
 333 ~~verification standards as either state-approved or provisional~~
 334 ~~state-approved.~~

335 (12)~~(13)~~ "Trauma scorecard" means a statewide methodology
 336 adopted by the department by rule under which a person who has
 337 incurred a traumatic injury is graded as to the severity of his
 338 or her injuries or illness and which methodology is used as the
 339 basis for making destination decisions.

340 (13)~~(14)~~ "Trauma transport protocol" means a document
 341 which describes the policies, processes, and procedures

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342 governing the dispatch of vehicles, the triage, prehospital
 343 transport, and interfacility trauma transfer of trauma victims.

344 (14)~~(15)~~ "Trauma victim" means any person who has incurred
 345 a single or multisystem injury due to blunt or penetrating means
 346 or burns and who requires immediate medical intervention or
 347 treatment.

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

350 395.401 Trauma services system plans; approval
 351 ~~verification~~ of trauma centers and pediatric trauma ~~referral~~
 352 centers; procedures; renewal.--

353 (1)(a) The local and regional trauma agencies shall plan,
 354 implement, and evaluate trauma services systems, in accordance
 355 with this section and ss. 395.4015, 395.404, and 395.4045, which
 356 consist of organized patterns of readiness and response services
 357 based on public and private agreements and operational
 358 procedures. The department shall establish, by rule, processes
 359 and procedures for establishing a trauma agency and obtaining
 360 its approval from the department.

361 (b) The local and regional trauma agencies shall develop
 362 and submit to the department plans for local and regional trauma
 363 services systems. The plans must include, at a minimum, the
 364 following components:

- 365 1. The organizational structure of the trauma system.
- 366 2. Prehospital care management guidelines for triage and
 367 transportation of trauma cases.
- 368 3. Flow patterns of trauma cases and transportation system
 369 design and resources, including air transportation services,
 370 provision for interfacility trauma transfer, and the prehospital

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371 transportation of trauma victims. The trauma agency shall plan
 372 for the development of a system of transportation of trauma
 373 alert victims to trauma centers where the distance or time to a
 374 trauma center or transportation resources diminish access by
 375 trauma alert victims.

376 4. The number and location of needed ~~state-approved~~ trauma
 377 centers based on local needs, population, and location and
 378 distribution of resources.

379 5. Data collection regarding system operation and patient
 380 outcome.

381 6. Periodic performance evaluation of the trauma system
 382 and its components.

383 7. The use of air transport services within the
 384 jurisdiction of the local trauma agency.

385 8. Public information and education about the trauma
 386 system.

387 9. Emergency medical services communication system usage
 388 and dispatching.

389 10. The coordination and integration between the ~~verified~~
 390 trauma center care facility and other acute care hospitals the
 391 ~~nonverified health care facilities~~.

392 11. Medical control and accountability.

393 12. Quality control and system evaluation.

394 (c) The department shall receive plans for the
 395 implementation of inclusive trauma systems from trauma agencies.
 396 The department may approve or not approve trauma agency plans
 397 based on the conformance of the plan with this section and ss.
 398 395.4015, 395.404, and 395.4045 and the rules and definitions
 399 adopted by the department pursuant to those sections. The

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400 department shall approve or disapprove the plans within 120 days
 401 after the date the plans are submitted to the department. The
 402 department shall, by rule, provide an application process for
 403 establishing a trauma agency. The application must, at a
 404 minimum, provide requirements for the trauma agency plan
 405 submitted for review, a process for reviewing the application
 406 for a ~~state-approved~~ trauma agency, a process for reviewing the
 407 trauma transport protocols for the trauma agency, and a process
 408 for reviewing the staffing requirements for the agency. The
 409 department shall, by rule, establish minimum requirements for a
 410 trauma agency to conduct an annual performance evaluation and
 411 submit the results to the department.

412 (d) A trauma agency shall not operate unless the
 413 department has approved the local or regional trauma services
 414 system plan of the agency.

415 (e) The department may grant an exception to a portion of
 416 the rules adopted pursuant to this section or s. 395.4015 if the
 417 local or regional trauma agency proves that, as defined in the
 418 rules, compliance with that requirement would not be in the best
 419 interest of the persons served within the affected local or
 420 regional trauma area.

421 (f) A local or regional trauma agency may implement a
 422 trauma care system only if the system meets the minimum
 423 standards set forth in the rules for implementation established
 424 by the department and if the plan has been submitted to, and
 425 approved by, the department. At least 60 days before the local
 426 or regional trauma agency submits the plan for the trauma care
 427 system to the department, the local or regional trauma agency
 428 shall hold a public hearing and give adequate notice of the

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429 public hearing to all hospitals and other interested parties in
 430 the area to be included in the proposed system.

431 (g) Local or regional trauma agencies may enter into
 432 contracts for the purpose of implementing the local or regional
 433 plan. If local or regional agencies contract with hospitals for
 434 trauma services, such agencies must contract only with hospitals
 435 which are verified trauma centers.

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

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

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

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

449 (l) A county, upon the recommendations of the local or
 450 regional trauma agency, may adopt ordinances governing the
 451 transport of a patient who is receiving care in the field from
 452 prehospital emergency medical personnel when the patient meets
 453 specific criteria for trauma, burn, or pediatric centers adopted
 454 by the local or regional trauma agency. These ordinances must be
 455 consistent with s. 395.4045, ordinances adopted under s.
 456 401.25(6), and the local or regional trauma system plan and, to
 457 the furthest possible extent, must ensure that individual

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458 patients receive appropriate medical care while protecting the
 459 interests of the community at large by making maximum use of
 460 available emergency medical care resources.

461 (m) The local or regional trauma agency shall, consistent
 462 with the regional trauma system plan, coordinate and otherwise
 463 facilitate arrangements necessary to develop a trauma services
 464 system.

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

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

471 Section 5. Section 395.4015, Florida Statutes, is amended
 472 to read:

473 395.4015 State regional trauma planning; trauma regions.--

474 (1) The department shall establish a state trauma system
 475 plan. As part of the state trauma system plan, the department
 476 shall establish trauma regions that which cover all geographical
 477 areas of the state and have boundaries that are coterminous with
 478 the boundaries of the regional domestic security task forces
 479 established under s. 943.0312. These regions may serve as the
 480 basis for the development of department-approved local or
 481 regional trauma plans. However, the delivery of trauma services
 482 by or in coordination with a trauma agency established before
 483 July 1, 2004, may continue in accordance with public and private
 484 agreements and operational procedures entered into as provided
 485 in s. 395.401. ~~The department shall base its definition of the~~
 486 ~~regions upon:~~

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- 487 ~~(a) Geographical considerations so as to ensure rapid~~
 488 ~~access to trauma care by patients;~~
- 489 ~~(b) Historical patterns of patient referral and transfer~~
 490 ~~in an area;~~
- 491 ~~(c) Inventories of available trauma care resources;~~
- 492 ~~(d) Predicted population growth characteristics;~~
- 493 ~~(e) Transportation capabilities, including ground and air~~
 494 ~~transport;~~
- 495 ~~(f) Medically appropriate ground and air travel times; and~~
- 496 ~~(g) Other appropriate criteria.~~
- 497 ~~(2) The department shall develop trauma systems plans for~~
 498 ~~the department defined trauma regions which include at a minimum~~
 499 ~~the following components:~~
- 500 ~~(a) An assessment of current and future trauma care needs~~
 501 ~~of the population, based upon incidence rates and acuity~~
 502 ~~indicators developed by the department, as well as other~~
 503 ~~relevant characteristics of the region.~~
- 504 ~~(b) The organizational structure of the regional trauma~~
 505 ~~system, including the identification of local trauma agency~~
 506 ~~service areas within the region.~~
- 507 ~~(c) Prehospital care management guidelines for triage and~~
 508 ~~transportation of trauma cases.~~
- 509 ~~(d) Flow patterns of trauma cases and transportation~~
 510 ~~system design and resources, including air transportation~~
 511 ~~services, provision for interfacility trauma transfer, and the~~
 512 ~~prehospital transportation of trauma victims. The department~~
 513 ~~shall plan for the development of a system of transportation of~~
 514 ~~trauma alert victims to trauma centers where the distance or~~

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515 ~~time to a trauma center or transportation resources diminish~~
516 ~~access by trauma alert victims.~~

517 ~~(e) The current and projected number, acuity level, and~~
518 ~~geographic location of trauma cases expected so as to assure~~
519 ~~that the assessed current and future trauma care needs of the~~
520 ~~population are adequately met and that state-sponsored trauma~~
521 ~~centers will maintain the volume of cases sufficient to provide~~
522 ~~quality care to trauma cases referred to them.~~

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

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

530 ~~(h) Periodic performance evaluation of the trauma system~~
531 ~~and its components.~~

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

534 ~~(j) Public information and education about the trauma~~
535 ~~system.~~

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

538 ~~(l) The coordination and integration between the trauma~~
539 ~~centers and other health care facilities which may provide~~
540 ~~services to trauma victims.~~

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

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

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543 ~~(2)(3)~~ The department shall consider the advice and
 544 recommendations of any affected local or regional trauma agency
 545 in developing the state trauma system ~~systems~~ plan. The
 546 ~~department may, in lieu of specific regional components of its~~
 547 ~~own plan, accept components developed by local or regional~~
 548 ~~trauma agencies.~~

549 ~~(3)(4)~~ The department shall use the state trauma system
 550 plan as the basis for establishing a statewide inclusive trauma
 551 system.

552 Section 6. Section 395.402, Florida Statutes, is amended
 553 to read:

554 395.402 Trauma service areas; number and location of
 555 trauma centers.--

556 (1) The Legislature recognizes the need for a statewide,
 557 cohesive, uniform, and integrated trauma system. Within the
 558 trauma service areas, that Level I and Level II trauma centers
 559 shall ~~should~~ each be capable of annually treating a minimum of
 560 1,000 and 500 patients, respectively, with an injury severity
 561 score (ISS) of 9 or greater. Level II trauma centers in counties
 562 with a population of more than 500,000 shall have the capacity
 563 to care for 1,000 patients per year. ~~Further, the Legislature~~
 564 ~~finds that, based on the numbers and locations of trauma victims~~
 565 ~~with these injury severity scores, there should be 19 trauma~~
 566 ~~service areas in the state, and, at a minimum, there should be~~
 567 ~~at least one trauma center in each service area.~~

568 ~~(2) It is the intent of the Legislature that, as a~~
 569 ~~planning guideline, Level I and Level II trauma centers should~~
 570 ~~generally each provide care annually to a minimum of 1,000 and~~
 571 ~~500 patients, respectively. Level II trauma centers in counties~~

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572 ~~of more than 500,000 population are expected to be able to care~~
 573 ~~for 1,000 patients per year, as a planning guideline.~~

574 (2)(3) Trauma service areas as defined in this section are
 575 to be utilized until the Department of Health completes an
 576 assessment of the trauma system and reports its finding to the
 577 Governor, the President of the Senate, the Speaker of the House
 578 of Representatives, and the substantive legislative committees.
 579 The report shall be submitted by February 1, 2005. The
 580 department shall review the existing trauma system and determine
 581 whether it is effective in providing trauma care uniformly
 582 throughout the state. The assessment shall:

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

585 (b) Review the number and level of trauma centers needed
 586 for each trauma service area to provide a statewide integrated
 587 trauma system.

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

591 (d) Consider including a criteria within trauma center
 592 approval standards based upon the number of trauma victims
 593 served within a service area.

594 (e) Review the Regional Domestic Security Task Force
 595 structure and determine whether integrating the trauma system
 596 planning with interagency regional emergency and disaster
 597 planning efforts is feasible and identify any duplication of
 598 efforts between the two entities.

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

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601 (g) Make recommendations regarding a formula for the
 602 distribution of funds identified for trauma centers which shall
 603 address incentives for new centers where needed and the need to
 604 maintain effective trauma care in areas served by existing
 605 centers, with consideration for the volume of trauma patients
 606 served, and the amount of charity care provided.

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

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

611 (b) Stakeholder recommendations.

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

614 (d) Historical patterns of patient referral and transfer
 615 in an area.

616 (e) Inventories of available trauma care resources,
 617 including professional medical staff.

618 (f) Population growth characteristics.

619 (g) Transportation capabilities, including ground and air
 620 transport.

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

622 (i) Recommendations of the Regional Domestic Security Task
 623 Force.

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

626 (k) Other appropriate criteria.

627 (4) Annually thereafter, ~~used.~~ the department shall
 628 periodically review the assignment of the 67 counties to trauma
 629 service areas, in addition to the requirements of paragraphs

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630 (2)(b)-(g) and subsection (3). ~~County~~ These assignments are made
 631 for the purpose of developing a system of trauma centers.
 632 Revisions made by the department shall ~~should~~ take into
 633 consideration the recommendations made as part of the regional
 634 trauma system plans approved by the department, and ~~as well as~~
 635 the recommendations made as part of the state trauma system
 636 plan. In cases where a trauma service area is located within the
 637 boundaries of more than one trauma region, the trauma service
 638 area's needs, response capability, and system requirements shall
 639 be considered by each trauma region served by that trauma
 640 service area in its regional system plan ~~These areas must, at a~~
 641 ~~minimum, be reviewed in the year 2000 and every 5 years~~
 642 ~~thereafter.~~ Until the department completes the February 2005
 643 assessment ~~its initial review,~~ the assignment of counties shall
 644 remain as established in this section ~~pursuant to chapter 90-~~
 645 ~~284, Laws of Florida.~~

646 (a) The following trauma service areas are hereby
 647 established:

- 648 1. Trauma service area 1 shall consist of Escambia,
 649 Okaloosa, Santa Rosa, and Walton Counties.
- 650 2. Trauma service area 2 shall consist of Bay, Gulf,
 651 Holmes, and Washington Counties.
- 652 3. Trauma service area 3 shall consist of Calhoun,
 653 Franklin, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison,
 654 Taylor, and Wakulla Counties.
- 655 4. Trauma service area 4 shall consist of Alachua,
 656 Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy,
 657 Putnam, Suwannee, and Union Counties.

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- 658 5. Trauma service area 5 shall consist of Baker, Clay,
 659 Duval, Nassau, and St. Johns Counties.
- 660 6. Trauma service area 6 shall consist of Citrus,
 661 Hernando, and Marion Counties.
- 662 7. Trauma service area 7 shall consist of Flagler and
 663 Volusia Counties.
- 664 8. Trauma service area 8 shall consist of Lake, Orange,
 665 Osceola, Seminole, and Sumter Counties.
- 666 9. Trauma service area 9 shall consist of Pasco and
 667 Pinellas Counties.
- 668 10. Trauma service area 10 shall consist of Hillsborough
 669 County.
- 670 11. Trauma service area 11 shall consist of Hardee,
 671 Highlands, and Polk Counties.
- 672 12. Trauma service area 12 shall consist of Brevard and
 673 Indian River Counties.
- 674 13. Trauma service area 13 shall consist of DeSoto,
 675 Manatee, and Sarasota Counties.
- 676 14. Trauma service area 14 shall consist of Martin,
 677 Okeechobee, and St. Lucie Counties.
- 678 15. Trauma service area 15 shall consist of Charlotte,
 679 Glades, Hendry, and Lee Counties.
- 680 16. Trauma service area 16 shall consist of Palm Beach
 681 County.
- 682 17. Trauma service area 17 shall consist of Collier
 683 County.
- 684 18. Trauma service area 18 shall consist of Broward
 685 County.

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686 19. Trauma service area 19 shall consist of Dade and
 687 Monroe Counties.

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

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

694 Section 7. Section 395.4025, Florida Statutes, is amended
 695 to read:

696 395.4025 ~~State-approved~~ Trauma centers; selection; quality
 697 assurance; records.--

698 (1) For purposes of developing a system of ~~state-approved~~
 699 trauma centers, the department shall use the 19 trauma service
 700 areas established in s. 395.402. Within each service area and
 701 based on the state trauma system plan, the local or regional
 702 trauma services system plan, and recommendations of the local or
 703 regional trauma agency, ~~and the 1990 Report and Proposal for~~
 704 ~~Funding State-Sponsored Trauma Centers~~, the department shall
 705 establish the approximate number of ~~state-approved~~ trauma
 706 centers needed to ensure reasonable access to high-quality
 707 trauma services. The ~~Using the guidelines and procedures~~
 708 ~~outlined in the 1990 report, except when in conflict with those~~
 709 ~~prescribed in this section,~~ the department shall select those
 710 hospitals that are to be recognized as ~~state-approved~~ trauma
 711 centers ~~and shall include all trauma centers verified as of~~
 712 ~~October 1, 1990, and subsequently, subject to specific~~
 713 ~~programmatic and quality of care standards.~~

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714 (2)(a) The department shall annually notify each acute
 715 care general hospital and each local and each regional trauma
 716 agency in the state that the department is accepting letters of
 717 intent from hospitals that are interested in becoming ~~state-~~
 718 ~~approved~~ trauma centers. In order to be considered by the
 719 department, a hospital that operates within the geographic area
 720 of a local or regional trauma agency must certify that its
 721 intent to operate as a ~~state-approved~~ trauma center is
 722 consistent with the trauma services plan of the local or
 723 regional trauma agency, as approved by the department, if such
 724 agency exists. Letters of intent must be postmarked no later
 725 than midnight October 1. ~~This paragraph does not apply to any~~
 726 ~~hospital that is a provisional or verified trauma center on~~
 727 ~~January 1, 1992.~~

728 (b) By October 15, the department shall send to all
 729 hospitals that submitted a letter of intent an application
 730 package that will provide the hospitals with instructions for
 731 submitting information to the department for selection as a
 732 ~~state-approved~~ trauma center. The standards for ~~verification of~~
 733 ~~trauma centers and pediatric trauma referral centers~~ provided
 734 for in s. 395.401(2), as adopted by rule of the department,
 735 shall serve as the basis for these instructions.

736 (c) In order to be considered by the department,
 737 applications from those hospitals seeking selection as ~~state-~~
 738 ~~approved~~ trauma centers, including those current verified trauma
 739 centers that seek a change or redesignation in approval status
 740 as a trauma center ~~to be state-approved trauma centers~~, must be
 741 received by the department no later than the close of business
 742 on April 1. The department shall conduct a provisional review of

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743 each application for the purpose of determining that the
 744 hospital's application is complete and that the hospital has the
 745 critical elements required for a ~~state-approved~~ trauma center.
 746 This critical review will be based on trauma center ~~verification~~
 747 standards and shall include, but not be limited to, a review of
 748 whether the hospital has:

749 1. Equipment and physical facilities necessary to provide
 750 trauma services.

751 2. Personnel in sufficient numbers and with proper
 752 qualifications to provide trauma services.

753 3. An effective quality assurance process.

754 4. Submitted written confirmation by the local or regional
 755 trauma agency that ~~the verification of the hospital applying to~~
 756 become as a state-approved trauma center is consistent with the
 757 plan of the local or regional trauma agency, as approved by the
 758 department, if such agency exists. ~~This subparagraph applies to~~
 759 ~~any hospital that is not a provisional or verified trauma center~~
 760 ~~on January 1, 1992.~~

761 (d)1. Notwithstanding other provisions in this section,
 762 the department may grant up to an additional 18 months to a
 763 hospital applicant that is unable to meet all requirements as
 764 provided in paragraph (c) at the time of application if the
 765 number of applicants in the service area in which the applicant
 766 is located is equal to or less than the service area allocation,
 767 as provided by rule of the department. An applicant that is
 768 granted additional time pursuant to this paragraph shall submit
 769 a plan for departmental approval which includes timelines and
 770 activities that the applicant proposes to complete in order to
 771 meet application requirements. Any applicant that demonstrates

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772 an ongoing effort to complete the activities within the
 773 timelines outlined in the plan shall be included in the number
 774 of ~~state-approved~~ trauma centers at such time that the
 775 department has conducted a provisional review of the application
 776 and has determined that the application is complete and that the
 777 hospital has the critical elements required for a ~~state-approved~~
 778 trauma center.

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

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

788 (4) Between May 1 and October 1 of each year, the
 789 department shall conduct an in-depth evaluation of all
 790 applications found acceptable in the provisional review. The
 791 applications shall be evaluated against criteria enumerated in
 792 the application packages as provided to the hospitals by the
 793 department.

794 (5) Beginning October 1 of each year and ending no later
 795 than June 1 of the following year, a review team of out-of-state
 796 experts assembled by the department shall make onsite visits to
 797 all provisional ~~state-approved~~ trauma centers. The department
 798 shall develop a survey instrument to be used by the expert team
 799 of reviewers. The instrument shall include objective criteria
 800 and guidelines for reviewers based on existing trauma center ~~and~~

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801 ~~pediatric trauma referral center verification~~ standards such
 802 that all trauma centers ~~and pediatric trauma referral centers~~
 803 are assessed equally. The survey instrument shall also include a
 804 uniform rating system that will be used by reviewers to indicate
 805 the degree of compliance of each trauma center with specific
 806 standards, and to indicate the quality of care provided by each
 807 trauma center as determined through an audit of patient charts.
 808 In addition, hospitals being considered as provisional ~~state-~~
 809 ~~approved~~ trauma centers shall meet all the requirements of a
 810 ~~verified~~ trauma center ~~or pediatric trauma referral center~~, and
 811 shall be located in a trauma service area that has a need for
 812 such a trauma center.

813 (6) Based on recommendations from the review team, the
 814 department shall select ~~state-approved~~ trauma centers by July 1.
 815 An applicant for designation as a ~~state-approved~~ trauma center
 816 ~~or a state-approved pediatric trauma referral center~~ may request
 817 an extension of its provisional status if it submits a
 818 corrective action plan to the department. The corrective action
 819 plan must demonstrate the ability of the applicant to correct
 820 deficiencies noted during the applicant's onsite review
 821 conducted by the department between the previous October 1 and
 822 June 1. The department may extend the provisional status of an
 823 applicant for designation as a ~~state-approved~~ trauma center ~~or a~~
 824 ~~state-approved pediatric trauma referral center~~ through December
 825 31 if the applicant provides a corrective action plan acceptable
 826 to the department. The department or a team of out-of-state
 827 experts assembled by the department shall conduct an onsite
 828 visit on or before November 1 to confirm that the deficiencies
 829 have been corrected. The provisional ~~state-approved~~ trauma

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830 center ~~or the provisional state-approved pediatric trauma~~
 831 ~~referral center~~ is responsible for all costs associated with the
 832 onsite visit in a manner prescribed by rule of the department.
 833 By January 1, the department must approve or deny the
 834 application of any provisional applicant granted an extension.
 835 Each ~~state-approved~~ trauma center shall be granted a 7-year
 836 approval ~~verification~~ period during which time it must continue
 837 to maintain trauma center ~~verification~~ standards and acceptable
 838 patient outcomes as determined by department rule. An approval ~~A~~
 839 ~~verification~~, unless sooner suspended or revoked, automatically
 840 expires 7 years after the date of issuance and is renewable upon
 841 application for renewal as prescribed by rule of the department.
 842 ~~After July 1, 1992, only those hospitals selected as state-~~
 843 ~~approved trauma centers may operate as trauma centers.~~

844 (7) Any hospital that wishes to protest a decision made by
 845 the department based on the department's preliminary or in-depth
 846 review of applications or on the recommendations of the site
 847 visit review team pursuant to this section shall proceed as
 848 provided in chapter 120. Hearings held under this subsection
 849 shall be conducted in the same manner as provided in ss. 120.569
 850 and 120.57. Cases filed under chapter 120 may combine all
 851 disputes between parties.

852 (8) Notwithstanding any provision of chapter 381, a
 853 hospital licensed under ss. 395.001-395.3025 that operates a
 854 ~~state-approved~~ trauma center may not terminate or substantially
 855 reduce the availability of trauma service without providing at
 856 least 180 days' ~~6 months'~~ notice of its intent to terminate such
 857 service. Such notice shall be given to the department ~~of Health,~~
 858 to all affected local or regional trauma agencies, and to all

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859 ~~state-approved~~ trauma centers, hospitals, and emergency medical
 860 service providers in the trauma service area. The department
 861 shall adopt by rule the procedures and process for notification,
 862 duration, and explanation of the termination of trauma services.

863 (9) Except as otherwise provided in this subsection, the
 864 department or its agent may collect trauma care and registry
 865 data, as prescribed by rule of the department, from trauma
 866 centers, ~~pediatric trauma referral centers,~~ hospitals, emergency
 867 medical service providers, local or regional trauma agencies, or
 868 medical examiners for the purposes of evaluating trauma system
 869 effectiveness, ensuring compliance with the standards ~~of~~
 870 ~~verification,~~ and monitoring patient outcomes. A trauma center,
 871 ~~pediatric trauma referral center,~~ hospital, emergency medical
 872 service provider, medical examiner, or local trauma agency or
 873 regional trauma agency, or a panel or committee assembled by
 874 such an agency under s. 395.50(1) may, but is not required to,
 875 disclose to the department patient care quality assurance
 876 proceedings, records, or reports. However, the department may
 877 require a local trauma agency or a regional trauma agency, or a
 878 panel or committee assembled by such an agency to disclose to
 879 the department patient care quality assurance proceedings,
 880 records, or reports that the department needs solely to conduct
 881 quality assurance activities under s. 395.4015, or to ensure
 882 compliance with the quality assurance component of the trauma
 883 agency's plan approved under s. 395.401. The patient care
 884 quality assurance proceedings, records, or reports that the
 885 department may require for these purposes include, but are not
 886 limited to, the structure, processes, and procedures of the
 887 agency's quality assurance activities, and any recommendation

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888 for improving or modifying the overall trauma system, if the
 889 identity of a trauma center, ~~pediatric trauma referral center,~~
 890 hospital, emergency medical service provider, medical examiner,
 891 or an individual who provides trauma services is not disclosed.

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

899 (11) Onsite visits by the department or its agent may be
 900 conducted at any reasonable time and may include but not be
 901 limited to a review of records in the possession of trauma
 902 centers, ~~pediatric trauma referral centers,~~ hospitals, emergency
 903 medical service providers, local or regional trauma agencies, or
 904 medical examiners regarding the care, transport, treatment, or
 905 examination of trauma patients.

906 (12) Patient care, transport, or treatment records or
 907 reports, or patient care quality assurance proceedings, records,
 908 or reports obtained or made pursuant to this section, s.
 909 395.3025(4)(f), s. 395.401, s. 395.4015, s. 395.402, s. 395.403,
 910 s. 395.404, s. 395.4045, s. 395.405, s. 395.50, or s. 395.51
 911 must be held confidential by the department or its agent and are
 912 exempt from the provisions of s. 119.07(1). Patient care quality
 913 assurance proceedings, records, or reports obtained or made
 914 pursuant to these sections are not subject to discovery or
 915 introduction into evidence in any civil or administrative
 916 action.

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917 (13) The department may adopt, by rule, the procedures and
 918 process by which it will select ~~state-approved~~ trauma centers.
 919 Such procedures and process must be used in annually selecting
 920 ~~state-approved~~ trauma centers and must be consistent with
 921 subsections (1)-(8) except in those situations in which it is in
 922 the best interest of, and mutually agreed to by, all applicants
 923 within a service area and the department to reduce the
 924 timeframes.

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

930 Section 8. Section 395.403, Florida Statutes, is amended
 931 to read:

932 395.403 Reimbursement of ~~state-sponsored~~ trauma centers.--

933 ~~(1) The Legislature finds that many hospitals which~~
 934 ~~provide services to trauma victims are not adequately~~
 935 ~~compensated for such treatment. The Legislature also recognizes~~
 936 ~~that the current verified trauma centers are providing such~~
 937 ~~services without adequate reimbursement. Therefore, it is the~~
 938 ~~intent of the Legislature to provide financial support to the~~
 939 ~~current verified trauma centers and to establish a system of~~
 940 ~~state-sponsored trauma centers as soon as feasibly possible. It~~
 941 ~~is also the intent of the Legislature that this system of state-~~
 942 ~~sponsored trauma centers be assisted financially based on the~~
 943 ~~volume and acuity of uncompensated trauma care provided.~~

944 (1)(2) All provisional trauma centers and ~~state-approved~~
 945 trauma centers shall be considered eligible to receive state

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946 funding state-sponsored trauma centers when state funds are
 947 specifically appropriated for state-sponsored trauma centers in
 948 the General Appropriations Act. Effective July 1, 2004, the
 949 department shall make one-time payments from the Administrative
 950 Trust Fund under s. 20.435 to the trauma centers and a hospital
 951 with a pending application for a Level I trauma center in
 952 recognition of the capital investment made by the hospital to
 953 establish the trauma service. Payments shall be in equal amounts
 954 for the trauma centers approved by the department as of July 1
 955 of the fiscal year in which funding is appropriated, with lesser
 956 amounts for the hospital with an application pending for a Level
 957 I trauma center at the department as of April 1, 2004. In the
 958 event a trauma center does not maintain its status as a trauma
 959 center for any state fiscal year in which such funding is
 960 appropriated, the provisional trauma center or trauma center
 961 shall repay the state for the portion of the year during which
 962 it was not a trauma center.

963 (2) Provisional trauma centers and trauma centers eligible
 964 to receive distributions from the Administrative Trust Fund
 965 under s. 20.435 in accordance with subsection (1) may request
 966 that such funds be used as intergovernmental transfer funds in
 967 the Medicaid program.

968 ~~(3) To receive state funding, a state-sponsored trauma~~
 969 ~~center shall submit a claim electronically via the Trauma Claims~~
 970 ~~Processing System, designed, developed, implemented, and~~
 971 ~~operated by the department's Medicaid program, to the~~
 972 ~~department's Medicaid program upon discharge of a trauma~~
 973 ~~patient. When a hospital stay spans a state fiscal year, a~~

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974 ~~separate hospital claim shall be submitted for the hospital days~~
 975 ~~incurred in each fiscal year.~~

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

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

985 ~~(c) Each state sponsored trauma center shall retain~~
 986 ~~appropriate documentation showing a trauma patient's eligibility~~
 987 ~~for state funding. Documentation recognized by the department as~~
 988 ~~appropriate shall be limited to one of the following:~~

- 989 ~~1. W-2 withholding forms.~~
- 990 ~~2. Payroll stubs.~~
- 991 ~~3. Income tax returns.~~
- 992 ~~4. Forms approving or denying unemployment compensation or~~
 993 ~~workers' compensation.~~
- 994 ~~5. Written verification of wages from employer.~~
- 995 ~~6. Written verification from public welfare agencies or~~
 996 ~~any other governmental agency which can attest to the patient's~~
 997 ~~income status for the past 12 months.~~

998 ~~7. A witnessed statement signed by the patient or~~
 999 ~~responsible party, as provided for in Pub. L. No. 79-725, as~~
 1000 ~~amended, known as the Hill-Burton Act, except that such~~
 1001 ~~statement need not be obtained within 48 hours of the patient's~~
 1002 ~~admission to the hospital as required by the Hill-Burton Act.~~

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1003 ~~The statement shall include acknowledgment that, in accordance~~
 1004 ~~with s. 817.50, providing false information to defraud a~~
 1005 ~~hospital for the purposes of obtaining goods or services is a~~
 1006 ~~misdemeanor of the second degree.~~

1007 ~~(d) The department shall conduct an audit or shall~~
 1008 ~~contract with an independent party to conduct an audit of each~~
 1009 ~~state-sponsored trauma center's claims to ensure that state~~
 1010 ~~funding was only provided for eligible trauma patients and~~
 1011 ~~medically necessary services.~~

1012 ~~(e) The department's Medicaid program office shall check~~
 1013 ~~each claim to confirm that the patient is not covered under the~~
 1014 ~~Medicaid program and shall pay the claim out of the Trauma~~
 1015 ~~Services Trust Fund. Trauma patients who are eligible for the~~
 1016 ~~Medicaid program shall not be considered eligible for the state-~~
 1017 ~~sponsored trauma center program except for Medicaid noncovered~~
 1018 ~~services. If a claim is denied by the Trauma Claims Processing~~
 1019 ~~System as a result of Medicaid eligibility for Medicaid covered~~
 1020 ~~services, the hospital shall submit a claim to the Medicaid~~
 1021 ~~fiscal agent for payment.~~

1022 ~~(5) State funding shall be at a per diem rate equal to~~
 1023 ~~\$860 to provisional state-approved and state-approved trauma~~
 1024 ~~centers. This rate shall be effective for the first 12 months of~~
 1025 ~~funding, after which time payment to provisional state-approved~~
 1026 ~~and state-approved trauma centers shall be based on a trauma~~
 1027 ~~cost-based reimbursement methodology developed by the~~
 1028 ~~department. The department shall consult with representatives~~
 1029 ~~from the hospital industry including the Florida Hospital~~
 1030 ~~Association, the Association of Voluntary Hospitals of Florida,~~

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1031 ~~and the Florida League of Hospitals in the development of the~~
 1032 ~~reimbursement methodology.~~

1033 ~~(6)(a) To ensure a fair distribution of funds appropriated~~
 1034 ~~for state sponsored trauma centers and to ensure that no state-~~
 1035 ~~sponsored trauma center gains an unfair advantage due solely to~~
 1036 ~~its ability to bill more quickly than another state-sponsored~~
 1037 ~~trauma center, the total amount of state funds appropriated in~~
 1038 ~~the General Appropriations Act for this section shall be divided~~
 1039 ~~into 19 trauma fund accounts with an account for each service~~
 1040 ~~area established in s. 395.402(3). The amount of funds~~
 1041 ~~distributed to a service area shall be based on the following~~
 1042 ~~formula:~~

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

1043
 1044 ~~where:~~

1045 ~~SAAA = service area appropriation amount.~~

1046 ~~SATD = uncompensated service area trauma days with ISS~~
 1047 ~~score of 9 or greater.~~

1048 ~~TTD = uncompensated total trauma days with ISS score of 9~~
 1049 ~~or greater for all 19 service areas.~~

1050 ~~TA = total dollars appropriated for state-sponsored trauma~~
 1051 ~~centers.~~

1052 ~~(b) The database to be used for this calculation shall be~~
 1053 ~~the detailed patient discharge data of the most recently~~
 1054 ~~completed calendar year for which the board possesses data. Out-~~
 1055 ~~of-state days that are included in the database shall be~~
 1056 ~~allocated to the service area where the treating hospital is~~
 1057 ~~located.~~

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1058 ~~(c) Fifty percent of the funds allocated to those service~~
 1059 ~~areas which had one or more trauma centers as of December 1,~~
 1060 ~~1989, shall be distributed to those verified trauma centers~~
 1061 ~~proportionately based on volume and acuity of uncompensated~~
 1062 ~~trauma care provided during the most recently completed calendar~~
 1063 ~~year for which the board possesses data in a lump sum payment on~~
 1064 ~~the date funding becomes available. These trauma centers shall~~
 1065 ~~submit claims pursuant to subsection (3) in order to justify~~
 1066 ~~this funding. Effective 9 months after funding becomes~~
 1067 ~~available, any trauma center which fails to submit claims for~~
 1068 ~~reimbursement equal to or greater than the amount the trauma~~
 1069 ~~center received under the initial allocation shall return any~~
 1070 ~~unearned funds to the department for distribution pursuant to~~
 1071 ~~paragraph (c). Once this 50 percent lump sum is depleted, a~~
 1072 ~~trauma center will be reimbursed from the remaining 50 percent~~
 1073 ~~of the service area's original allocation.~~

1074 ~~(d) The department shall pay trauma claims on a monthly~~
 1075 ~~basis. In a given month when the outstanding claims will exceed~~
 1076 ~~the unexpended funds allocated to a service area, the department~~
 1077 ~~shall pay all of the submitted claims for the service area on a~~
 1078 ~~pro rata basis.~~

1079 ~~(e) At the end of the fiscal year, the unexpended funds~~
 1080 ~~for each service area shall be placed in one large state trauma~~
 1081 ~~account from which all remaining claims are paid without regard~~
 1082 ~~to service area on a pro rata basis until such funds are~~
 1083 ~~depleted.~~

1084 ~~(f) For any state fiscal year, reimbursement for any~~
 1085 ~~patient residing outside the trauma service area of the state-~~
 1086 ~~sponsored trauma center where the patient is treated shall be~~

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1087 ~~paid out of the funds allocated for the trauma service area~~
 1088 ~~where the patient resides. Out of state days shall be paid from~~
 1089 ~~the service area where the treating hospital is located.~~

1090 (3)~~(7)~~ In order to receive state funding payments ~~under~~
 1091 ~~this section~~, a hospital shall be a ~~state-sponsored~~ trauma
 1092 center and shall:

1093 (a) Agree to conform to all departmental requirements as
 1094 provided by rule to assure high-quality trauma services.

1095 (b) Agree to provide information concerning the provision
 1096 of trauma services to the department, in a form and manner
 1097 prescribed by rule of the department.

1098 (c) Agree to accept all trauma patients, regardless of
 1099 ability to pay, on a functional space-available basis.

1100 (4)~~(8)~~ A ~~state-sponsored~~ trauma center that ~~which~~ fails to
 1101 comply with any of the conditions listed in subsection (3) ~~(7)~~
 1102 or the applicable rules of the department shall not receive
 1103 payments under this section for the period in which it was not
 1104 in compliance.

1105 Section 9. Section 401.24, Florida Statutes, is amended to
 1106 read:

1107 401.24 Emergency medical services state plan.--The
 1108 department is responsible, at a minimum, for the improvement and
 1109 regulation of basic and advanced life support programs. The
 1110 department shall develop and biennially revise a comprehensive
 1111 state plan for basic and advanced life support services, the
 1112 emergency medical services grants program, ~~state-approved~~ trauma
 1113 centers, ~~state-approved pediatric trauma referral centers~~, the
 1114 injury control program, and medical disaster preparedness. The
 1115 state plan shall include, but need not be limited to:

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1116 (1) Emergency medical systems planning, including the
 1117 prehospital and hospital phases of patient care, and injury
 1118 control effort and unification of such services into a total
 1119 delivery system to include air, water, and land services.

1120 (2) Requirements for the operation, coordination, and
 1121 ongoing development of emergency medical services, which
 1122 includes: basic life support or advanced life support vehicles,
 1123 equipment, and supplies; communications; personnel; training;
 1124 public education; state trauma system; injury control; and other
 1125 medical care components.

1126 (3) The definition of areas of responsibility for
 1127 regulating and planning the ongoing and developing delivery
 1128 service requirements.

1129 Section 10. The sum of \$300,000 is appropriated from the
 1130 General Revenue Fund to the Administrative Trust Fund for the
 1131 Department of Health to contract with a state university to
 1132 conduct the study required under s. 395.402, Florida Statutes.

1133 Section 11. The sum of \$20,700,000 is appropriated from
 1134 the General Revenue Fund to the Administrative Trust Fund for
 1135 the Department of Health to provide \$1 million for each existing
 1136 trauma center as of July 1, 2004, and \$700,000 for a hospital
 1137 with a Level I trauma center application pending with the
 1138 department as of April 1, 2004.

1139 Section 12. This act shall take effect July 1, 2004.