

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

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

BILL: CS/CS/SB 2842

SPONSOR: Appropriations Committee, Health, Aging, and Long-Term Care Committee and Senator Atwater

SUBJECT: Trauma Care Services

DATE: April 22, 2004 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Munroe</u>	<u>Wilson</u>	<u>HC</u>	<u>Favorable/CS</u>
2.	<u>Cibula</u>	<u>Lang</u>	<u>JU</u>	<u>Favorable</u>
3.	<u>Belcher</u>	<u>Belcher</u>	<u>AHS</u>	<u>Favorable</u>
4.	<u>Belcher</u>	<u>Coburn</u>	<u>AP</u>	<u>Fav/CS</u>
5.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
6.	<u> </u>	<u> </u>	<u> </u>	<u> </u>

I. Summary:

This bill creates a method to fund trauma centers with the proceeds of surcharges or penalties imposed on persons who:

- violate certain traffic laws, including speeding and other violations;
- are convicted of driving under the influence;

If a person fails to pay the surcharge or penalty, the person's driver's license is automatically suspended until paid.

The surcharges will be deposited in the Administrative Trust Fund in the Department of Health (DOH) and paid to trauma centers under a new funding formula. The bill creates a funding mechanism for trauma care and services and directs each trauma center to receive a one-time specified appropriation in recognition of the capital investment made to establish trauma services. DOH is required to make annual payments from the Administrative Trust Fund to the trauma centers in recognition of the trauma centers' meeting the standards of trauma readiness and preparedness.

The bill requires the boundaries of trauma regions administered by DOH to be coterminous with the boundaries of the regional domestic security task forces established within the Florida Department of Law Enforcement. The Department of Health is required to complete a comprehensive assessment of the state's trauma system and report its findings to the Governor and Legislature by December 1, 2004. The bill specifies criteria for the assessment and criteria for the department to use for determining the number and level of trauma centers needed to serve a defined trauma service area or region.

The bill also enables an acute care general hospital or pediatric hospital that is located in a trauma service area in which no trauma center is located to apply to DOH for approval and verification to operate as a provisional trauma center or trauma center. DOH must establish a task force by August 1, 2004, for the purpose of studying and making recommendations regarding the formula for distribution of funds to trauma centers.

A trauma center matching grant program is created to be administered by DOH.

The bill provides appropriations.

This bill amends sections 316.193, 318.14, 318.18, 318.21, 322.0261, 322.27, 381.74, 381.745, 395.40, 395.4001, 395.401, 395.4015, 395.402, 395.4025, 395.403, 395.404, 395.405, 794.055, and 795.056, Florida Statutes.

This bill creates ss. 322.751, 322.7525, and 322.753, F.S.

The bill creates 6 undesignated sections of law.

This bill repeals s. 395.4035, F.S., relating to the Trauma Services Trust Fund.

II. Present Situation:

Trauma Care

Part II, chapter 395, F.S., governs trauma services and trauma center operations in Florida. There are twenty state-approved trauma centers in the state. DOH regulates trauma centers and has developed minimum standards for trauma centers based on national trauma standards. The department also has statutory authority to develop an inclusive trauma system to meet the needs of all injured trauma victims, which is accomplished through the development of a state trauma system plan and coordination with local trauma agencies. There are four county and multi-county local trauma agencies approved by DOH. In areas where local or regional agencies have not been formed, DOH is responsible for developing regional trauma system plans.

Section 395.4001, F.S., defines various types of trauma centers. A "Level I trauma center" is defined to mean a trauma center that:

- Has formal research and education programs for the enhancement of trauma care and is determined by the department to be in substantial compliance with Level I trauma center and pediatric trauma referral center standards.
- Serves as a resource facility to Level II trauma centers, pediatric trauma referral centers, and general hospitals through shared outreach, education, and quality improvement activities.
- Participates in an inclusive system of trauma care, including providing leadership, system evaluation, and quality improvement activities.

A "Level II trauma center" is defined to mean a trauma center that:

- Is determined by the department to be in substantial compliance with Level II trauma center standards.
- Serves as a resource facility to general hospitals through shared outreach, education, and quality improvement activities.
- Participates in an inclusive system of trauma care.

A “Pediatric trauma referral center” is defined to mean a hospital that is determined by the department to be in substantial compliance with pediatric trauma referral center standards as established by rule of the department.

Part II, chapter 395, F. S., places legislative emphasis on the need for an inclusive trauma system which provides Floridians and visitors timely access to trauma care. Trauma standards and procedures are based on the “golden hour” principle, which is the optimal timeframe for the delivery of services to trauma victims. DOH has the primary responsibility for the oversight, planning, monitoring and establishment of a statewide inclusive trauma system. There are six Level I trauma centers that are also pediatric trauma centers, thirteen Level II trauma centers, of which five are also pediatric centers, and one pediatric trauma center. Nineteen trauma service areas have been designated in Florida to facilitate trauma planning.

Reimbursement of Trauma Care

Section 395.403, F.S., expresses legislative findings that many hospitals which provide services to trauma victims are not adequately compensated for such treatment and that current verified trauma centers are providing such services without adequate reimbursement. This section expresses legislative intent to provide financial support to the current verified trauma centers and to establish a system of state-sponsored trauma centers as soon as feasibly possible.

Section 395.403, F.S., outlines an elaborate funding formula based on the provision of charity or uncompensated care by trauma centers. Section 395.403(2), F.S., states that trauma centers shall be considered state-sponsored trauma centers when state funds are specifically appropriated for state-sponsored trauma centers in the General Appropriations Act.

For the past three years the funding for trauma care beyond the normal reimbursements from Medicaid, other third party payers, and private payers has come from the Medicaid program in the form of special nonrecurring Medicaid payments under the Upper Payment Limit Program. The Medicaid Hospital Upper Payment Limit Program provides a mechanism for states to make special Medicaid payments to compensate participating hospitals in ways to make up the difference between Medicaid and Medicare or usual and customary fees. States have used a variety of non-federal funding sources for the state match, usually local funds, to draw down additional federal funds. In the last three years \$44 million in Medicaid payments have been made for trauma care through the Upper Payment Limit Program.

The Medicaid Program staff also estimates that \$97.7 million was paid during 2002 in fee-for-service payments for trauma-related diagnoses. Prior to 1998, there was no specific funding for trauma centers. Earlier efforts in 1990-91 by the Legislature to implement s. 395.403, F.S., which provides a funding formula to reimburse trauma centers for charity care, were stymied because of a budgetary shortfall. The resources appropriated were cut from the state budget. The

elaborate funding formula based on the provision of charity care by trauma centers outlined in s. 395.403, F.S., has not been implemented.¹

The Medicaid Disproportionate Share Task Force was authorized to convene in fiscal year 2003-2004 for the purpose of monitoring the implementation of enhanced Medicaid funding through the Special Medicaid Payment program. The taskforce was directed to review the federal status of the upper payment limit funding option and recommend how this option may be further used to promote local primary care networks to uninsured citizens in Florida, to increase the accessibility of trauma centers to Floridians and to ensure financial viability of the state’s graduate medical education programs and other health care policies determined by the task force to be state health care priorities.

HISTORY OF STATE APPROPRIATIONS FOR TRAUMA CARE			
Fiscal Year	Department of Health	Agency for Health Care Administration	Comments - Total
1990-1991			\$24 million appropriated but later eliminated by legislative action.
1998-1999	2,500,000		Level I Centers only
1999-2000	3,000,000		Level I Centers only
2000-2001	4,800,000		All Centers
2001-2002	1,622,601	15,000,000	All Centers
2002-2003		18,000,000	All Centers
2003-2004		11,610,000	All Centers
TOTAL	\$ 11,922,601	\$44,610,000	\$56,532,601

Source: Florida Senate Interim Project 2004-108

Brain and Spinal Cord Injury

The Department of Health administers the brain and spinal cord injury program that provides services to individuals who have moderate-to-severe brain or spinal cord injuries. The program gives eligible persons the opportunity to obtain necessary rehabilitative services, enabling such persons to be referred to a vocational rehabilitation program or to return to an appropriate level of functioning in their community. Under s. 381.74, F.S., the department maintains a central registry of persons who have moderate-to-severe brain or spinal cord injuries. Every public or private health agency, public or private social agency, and attending physician must report to the department within 5 days after identification or diagnosis of any person who has a moderate-to-severe brain or spinal cord injury. The consent of such person is not required and the report must contain the name, age, residence, and type of disability of the individual, and any additional information that the department deems necessary. During fiscal year 2002-2003, the brain and spinal cord injury central registry received 3,175 referrals. Eighty-nine percent of the 3,175 referrals were received from state-designated trauma centers and designated rehabilitation facilities.

¹ For more details see Interim Project 2004-108 by Florida Senate Committee on Appropriations, November 2003, cited at <http://www.flsenate.gov/data/Publications/2004/Senate/reports/interim_reports/pdf/2004-108ahs.pdf>.

Notwithstanding s. 381.74, F.S., each trauma center and acute care hospital must submit severe disability and head-injury registry data to DOH as provided by rule. Each trauma center and acute care hospital must continue to provide initial notification of persons who have severe disabilities and head injuries to DOH within timeframes set forth in chapter 413, F.S.²

Domestic Security/Counter-Terrorism

After the September 11, 2001 terrorist attack, federal, state and local governments began to review and revise laws relating to domestic security. During the 2001 Special Session “C”, the Florida Legislature enacted a number of laws dealing with security, including chapter 2001-365, Laws of Florida, to direct the Department of Law Enforcement to coordinate and direct the law enforcement, initial emergency, and other initial responses to acts of terrorism within or affecting this state. The Department of Law Enforcement must work closely with the Division of Emergency Management; other federal, state, and local law enforcement agencies; fire and rescue agencies; first-responder agencies; and others involved in preparation against and responses to such terrorism. The Department of Law Enforcement must designate a Chief of Domestic Security Initiatives. The legislation established the duties and responsibilities of the chief, which include, but are not limited to, coordinating the department’s ongoing assessment of Florida’s vulnerability to, and ability to detect and respond to, acts of terrorism; conducting specified security assessments; making recommendations for minimum security standards, funding and training requirements and other security matters; and developing best practices for safety and security.

Chapter 2001-365, L.O.F., also required the Department of Law Enforcement to establish a regional domestic security task force in each of the department’s operational regions to serve in an advisory capacity to the Chief of Domestic Security Initiatives.³ Goals and objectives of each task force include, but are not limited to, coordinating efforts, training, and the collection and dissemination of investigative and intelligence information relevant to countering terrorism; identifying appropriate equipment and training needs, curricula, and materials relevant to responding to acts of terrorism or incidents involving real or hoax weapons of mass destruction; and ensuring that there are appropriate investigations and responses to hate-driven acts against ethnic groups that may have been targeted as a result of acts of terrorism.

Transportation

The National Highway Traffic Safety Administration estimates in 2000, traffic crashes imposed a burden of \$230.6 billion in the form of property damage, lost productivity and medical expenses, excluding costs related to pain and suffering (noneconomic damages). During 2002, law enforcement agencies in Florida issued 4.3 million uniform traffic citations to Florida

² The Division of Vocational Rehabilitation within the Department of Labor and Employment Security was established to assist persons with physical or mental impairment to gain employment and its statutory authority was at part II, ch. 413, F.S., and ch. 38J, F.A.C. The Office of Disability Determinations was also housed in the Division. This is a federally funded program which is responsible for determining medical eligibility for Social Security Disability Insurance and Supplemental Security Income Benefits. The office at that time made appropriate referrals to the Division of Vocational Rehabilitation and programs within DOH to assist the claimant in obtaining the necessary health care and to regain economic employment security. The Brain and Spinal Cord Injury Program and the Office of Disability Determinations were transferred to the Department of Health in 1999; that transfer is now codified in ch. 381, F.S.

³ See s. 943.0312, F.S.

motorists. During calendar year 2002, 3,143 people died and 229,611 people were injured in Florida traffic crashes.

Title XXIII, F.S., is entitled “Highway Safety” and includes chapters 316-325, F.S. These chapters set forth the laws relating to “State Uniform Traffic Control,” “Off-Highway Vehicle Titling,” “Disposition of Traffic Infractions,” “Title Certificates,” “Motor Vehicle Licenses,” “Highway Patrol,” “Drivers’ Licenses,” “Wrecker Operators,” “Financial Responsibility,” and “Motor Vehicle Refrigerants and Emissions” respectively. The Division of Motor Vehicles protects Florida consumers through motor vehicle and vessel titling and registration services. The division also regulates motor vehicle and mobile home manufacturers and dealers. Most motor vehicle registration and title transactions are initiated through county tax collectors who serve as agents for Department of Highway Safety and Motor Vehicles (DHSMV).

Chapter 316, F.S., is known as the Florida Uniform Traffic Control Law. The purpose of this chapter is to make traffic laws uniform throughout the state to the maximum extent possible. The provisions of this chapter apply to the operation of vehicles and the movement of pedestrians upon all state and county maintained highways, or municipal streets. Section 316.193, F.S., prohibits driving under the influence (DUI) of alcohol or drugs to the extent normal faculties are impaired or driving with a blood or breath alcohol level of .08 percent or higher. During 2002, 32.04 percent of Florida’s traffic fatalities and 8.6 percent of Florida’s traffic crashes were alcohol related.

Penalties for DUI vary according to the frequency of previous convictions, the offender’s blood alcohol level (BAL) when arrested, and whether serious injury or death results. If a driver is stopped by a law enforcement officer for suspicion of DUI and refuses to take a test, his or her driving privilege is automatically suspended for one year.

Chapter 318, F.S., is known as the Florida Uniform Disposition of Traffic Infractions Act. The purpose of this chapter is to decriminalize certain violations of the highway safety laws and to facilitate a more uniform and expeditious system for the disposition of traffic infractions. “Infraction” means a noncriminal violation that may require community service hours under s. 316.027(4), F.S., but is not punishable by incarceration and for which there is no right to a trial by jury or a right to court-appointed counsel.⁴

The purpose of chapter 322, F.S., is to set forth the circumstances and conditions for the issuance of drivers’ licenses and identification cards in Florida. A person may not drive any motor vehicle upon a highway in this state unless such person has a valid driver’s license.⁵ Section 322.27, F.S., establishes a system of points that are assessed against a driver’s license when a person is convicted of violating certain motor vehicle laws.

The point system is used for the evaluation and determination of the continuing qualification of any person to operate a motor vehicle. DHSMV is authorized to suspend the license of any person upon a showing of its records or other good and sufficient evidence that the licensee has been convicted of violation of motor vehicle laws amounting to 12 or more points as determined

⁴ See s. 318.13(3), F.S.

⁵ See s. 322.03(1), F.S.

by the point system. The suspension will be for a period of not more than one year. The statute specifies the following provisions:

- When a licensee accumulates 12 points within a 12-month period, the period of suspension will be for not more than 30 days.
- When a licensee accumulates 18 points within an 18-month period, the suspension will be for a period of not more than 3 months.
- When a licensee accumulates 24 points within a 36-month period, the suspension will be for a period of not more than 1 year.
- The point system has, as its basic element, a graduated scale of points assigning relative values to convictions of the following violations:
 - Reckless driving—4 points.
 - Leaving the scene of a crash resulting in property damage of more than \$50—6 points.
 - Unlawful speed resulting in a crash—6 points.
 - Passing a stopped school bus—4 points.
 - Unlawful speed:
 - Not in excess of 15 miles per hour of lawful or posted speed—3 points.
 - In excess of 15 miles per hour of lawful or posted speed—4 points.
 - All other moving violations (including parking on a highway outside the limits of a municipality)—3 points.
 - Any moving violation, excluding unlawful speed, resulting in a crash—4 points.
 - Dumping litter in an amount exceeding 15 pounds, which involves the use of a motor vehicle—3 points.
 - Driving during restricted hours—3 points.
 - Violation of curfew—3 points.
 - Open container as an operator—3 points.
 - Child restraint violation—3 points.
- A conviction which occurred out-of-state or in a federal court may be recorded against a driver on the basis of the same number of points received had the conviction been made in a court of this state.

- In computing the total number of points, when the licensee reaches the danger zone, DHSMV is authorized to send the licensee a warning letter advising any further convictions may result in suspension of their driving privilege.
- Three points are deducted from the driver history record of any person whose driving privilege has been suspended only once under the point system and has been reinstated, if such person has complied with all other requirements.
- The offense date of all convictions is used in computing the points and period of time for suspensions.

The purpose of chapter 324, F.S., is to promote safety and to provide financial security requirements for owners or operators of motor vehicles whose responsibility it is to recompense others for injury to person or property caused by the operation of a motor vehicle.

III. Effect of Proposed Changes:

Section 1. Amends s. 381.74, F.S., related to the central registry, to require hospital and trauma centers to report to the Department of Health after identification or diagnosis of any person who has a moderate-to-severe brain or spinal cord injury.

Section 2. Amends s. 381.745, F.S., to define department to mean the Department of Health.

Section 3. Amends s. 395.40, F.S., to revise duties of the Department of Health to implement and plan for a statewide trauma system.

Section 4. Amends s. 395.4001, F.S., to revise the definition of “charity care” or “uncompensated care” to provide that restricted or unrestricted revenues provided to a hospital by local governments or tax districts for a patient whose family income is less than or equal to 200 percent of the federal poverty level do not qualify as compensation.

The bill revises the definition of Level I and Level II trauma center to provide that such entities must be approved as a Level I or Level II trauma center by DOH in addition to meeting the standards of a Level I or Level II trauma center.

The bill defines “provisional trauma center” as a hospital that is in substantial compliance with the requirements of trauma centers and has approved by DOH to operate as a provisional Level I or Level II trauma center or pediatric trauma center.

Section 5. Amends s. 395.401, F.S., related to trauma services system plans, to make technical clarifying changes to revise components for local and regional trauma services system plans.

Section 6. Amends s. 395.4015, F.S., related to trauma regions, to require the boundaries of trauma regions administered by the DOH to be coterminous with the boundaries of the regional domestic security task forces established within the Florida Department of Law Enforcement. Exceptions are provided for the delivery of trauma services by or in coordination with a trauma

agency established before July 1, 2004, which may continue in accordance with public and private agreements and operational procedures. The requirement for DOH to develop regional trauma systems plans is deleted.

Section 7. Amends s. 395.402, F.S., related to trauma service areas, to revise legislative intent and finding regarding trauma service areas. DOH is required to complete an assessment of the trauma system in Florida and report its findings to the Governor, the President of the Senate, the Speaker of the House of Representatives and the substantive legislative committees by December 1, 2004. The department must review the existing trauma system and determine whether it is effective in providing trauma care uniformly throughout Florida. The department's comprehensive assessment must include specified elements including:

- Considering aligning trauma service areas within the trauma region boundaries as established in July 2004;
- Reviewing the number and level of trauma centers needed for each trauma service area to provide a statewide integrated trauma system;
- Establishing criteria for determining the number and level of trauma centers needed to serve the population in a defined trauma service area or region; and
- Considering the inclusion of criteria within trauma center verification standards based upon the number of trauma victims served within a service area;

DOH, in conducting the comprehensive assessment of the existing trauma system and subsequent annual reviews, must consider the recommendations submitted by regional trauma agencies, stakeholder recommendations, the geographical compositions 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, population growth characteristics, transportation capabilities, medically appropriate ground and air travel times, recommendations of the regional domestic security task force, the actual number of trauma victims currently being served by each trauma center, and other appropriate criteria.

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 must be considered by each trauma region served by that trauma service area in its regional system plan. The bill deletes the limitation in current law that there shall be no more than a total of 44 state-sponsored trauma centers in Florida.

Section 8. Amends s. 395.4025, F.S., related to trauma center approval, in areas where there is no existing trauma center, to authorize an acute care general or pediatric hospital to apply to the DOH for approval and verification to operate as a provisional trauma center or trauma center beginning on July 1, 2004. Until the DOH has conducted the reviews for developing a system of trauma centers, the only hospitals that may apply are those hospitals located in trauma service areas where there is no existing trauma center.

Section 9. Amends s. 395.403, F.S., related to reimbursement of trauma centers, to provide that annual payments from funds in the Administrative Trust Fund of the DOH are to be made to trauma centers and provisional trauma centers to recognize trauma centers for meeting certain standards of readiness and preparedness. Payments are to be established in the General

Appropriations Act in equal amounts for the trauma centers approved during the fiscal year. A provisional trauma center must maintain their status as a trauma center or repay the state for the portion of the year during which it was not a trauma center. For fiscal year 2004-05, DOH is to allocate funds not disbursed for trauma readiness and preparedness in accordance with a new funding formula provided by the bill. Payments to a “provisional trauma center or trauma center shall be in an amount that bears the same ratio to the total amount of such distributions as the volume, acuity, and uncompensated trauma care provided by all trauma centers and provisional trauma centers in this state.” The bill, however, does not specify how volume, acuity, and uncompensated trauma care should be weighted in the formula. The Legislature may wish to clarify how volume, acuity, and uncompensated trauma care should be weighted.

Section 10. Amends s. 395.404, F.S., related to trauma registry data, to provide that trauma registry data is confidential and exempt; however, DOH may provide such data to entities from which the data was obtained and for purposes of research. Each trauma center and acute care hospital is required to report to the brain and spinal cord injury central registry on any person who has a moderate-to-severe brain or spinal cord injury and is to include certain data and type of disability.

Section 11. Amends s. 395.405, F.S., to provide for the DOH to adopt and enforce rules to administer the program.

Section 12. Requires DOH to establish a task force by August 1, 2004 to study and make recommendations regarding the formula for distribution of funds deposited into the Administrative Trust Fund to trauma centers. Task force representatives include the Governor’s Office, DOH, AHCA, and representatives from Level I, Level II, and pediatric trauma centers, and at least two surgeons. The report is to be submitted to the Governor and Legislature by January 15, 2005.

Section 13. Provides for a trauma center matching grant program established in the DOH to promote the development of at least one trauma center in every trauma service area. The purpose of the program is to provide start-up funds as an incentive to encourage development of new trauma centers. The grant program is to function as a partnership between state and local governments and private sector health care providers. Private providers are to provide \$1 in local matching funds for each \$1 in grant payment made by the state. Hospitals are to apply for matching grant funds by submitting a grant application to DOH. Applications are to be competitively reviewed by an independent panel appointed by the secretary of DOH. Up to \$2 million is authorized annually from the Administrative Trust Fund for this program.

Section 14. amends s. 318.14(5), F.S., to provide that any person found to have committed an infraction per s. 318.19(1), F.S., which results in a crash that causes a death will have a mandatory civil penalty of \$1,000 imposed in addition to other penalties. Any person found to have committed an infraction per s. 318.19(2), F.S., which results in a crash that causes serious bodily injury as defined in s. 316.1933(1), F.S., will have a mandatory civil penalty of \$500 imposed in addition to other penalties. Revenues received from the mandatory civil penalties imposed pursuant to this amendment will be remitted to the DOR and distributed into the Administrative Trust Fund of the DOH.

Section 15. amends s. 318.21, F.S., making conforming changes to provide for distribution of revenues contained in the bill.

Sections 16. amends s. 322.0261, F.S., to require driver improvement school attendance for persons convicted of a second violation within twelve months after the first violation of s. 316.075(1)(c)1 or s. 316.074(1), Florida Statutes. Failure to complete such course within ninety days upon receiving notice from the DHSMV will result in a cancellation of the person's driver's license.

Section 17. amends s. 322.27, F.S., to provide that persons who commit a red light violation will have four points assessed on their driving record.

Section 18. creates the following subsections to s. 318.18, F.S.:

- s. 318.18(13), F.S., to increase the fine for running a red light from \$60 to \$110, of which the additional \$50 will be remitted to the DOR for deposit into the Administrative Trust Fund to be used by the DOH as required by s. 395.403, Florida Statutes. The remaining \$60 will be distributed as provided in s. 318.21, Florida Statutes.
- s. 318.18(14), F.S., to provide that any persons who commits a traffic infraction resulting in a crash that causes bodily injury other than serious bodily injury as defined in s. 316.1933(1), F.S., will pay a two hundred sixty dollar fine. Of this fine, \$60 shall be distributed as provided in s. 318.21, F.S., and the remaining \$200 shall be remitted to the Department of Revenue for deposit into the Administrative Trust Fund to be used by the Department of Health as required by s. 395.403, Florida Statutes.
- s. 318.18(15), F.S., to provide that the clerk of court shall assess an additional \$10 fine for each civil violation of Chapter 316, an additional \$20 for each offense specifically identified in s. 318.17, F.S., and \$20 for any other offense in Chapter 316 which is classified as a criminal violations. All additional fines proposed under this section shall be remitted to the DOR for deposit into the Administrative Trust Fund to be used by the DOH as required by s. 395.403, Florida Statutes.

Section 19. creates s. 322.751, F.S., to require the DHSMV to assess a \$100 surcharge for the first eight points accumulated against a person's drivers license during a 36-month period and \$25 for each additional point. This bill also requires the DHSMV to notify the holder of a driver's license of the assignment of a fourth point to provide an opportunity to avoid the surcharge. This surcharge does not apply to a conviction that becomes final before July 1, 2004. All moneys due pursuant to this section shall be billed and collected by the Department of Highway Safety or their designee for deposit into the Highway Safety Operating Trust Fund. Of the revenues collected, the Department shall retain the actual cost of developing, implementing, and administering the driver responsibility program. The remainder shall be transferred at least quarterly to the Administrative Trust Fund.

Section 20. amends s. 316.193(2), F.S., to provide for the court to impose an additional surcharge on driving under the influence convictions. This surcharge will be collected by the DHSMV and will be subject to the court's determination of financial ability to pay. The surcharge shall be assessed on each person who has a final conviction during the preceding

thirty-six month period for an offense relating to s. 316.193, F.S. The surcharge amount is a \$500 per year for one conviction within the thirty-six month period, \$750 upon a second or subsequent conviction, and \$1,000 for a first or subsequent conviction if the blood-alcohol level was 0.20 or higher at the time the analysis was performed. This surcharge does not apply to a conviction that becomes final before July 1, 2004.

Section 21. Amends s. 794.056, F.S., related to the Rape Crisis Program Trust Fund, to provide that funds deposited in the trust fund must include revenues as provided by law, moneys as appropriated by the Legislature, and grants from public or private entities. DOH is to establish by rule criteria for distributing moneys from the trust fund to the statewide nonprofit association, whose primary purpose is to represent and provide technical assistance to rape crisis centers for distribution to rape crisis centers.

Section 22. Amends s. 322.7525, F.S., related to notice of surcharge, to notify the holder of a driver's license of the assessment of a surcharge by first-class mail. The bill specifies criteria that the notice must include and the criteria for payment.

Section 23. Amends s. 322.753, F.S., related to installment payment of surcharges, to require the department to accept installment payments for the surcharges, provides sanctions for a licensee's failure to pay an installment, and requires the department to suspend a driver's license if the licensee does not pay the surcharge.

Section 24. Repeals s. 395.4035, F.S., related to the Trauma Services Trust Fund.

Section 25. Requires the Department of Highway Safety and Motor Vehicles to determine the level of funding for the driver responsibility program. The department may consider outsourcing these services through a competitive process if determined more effectively or efficiently.

Section 26. Appropriates \$250,000 from the Highway Safety Operating Trust Fund for the initial development start-up costs related to Sections 19 and 20. The department is to submit a budget amendment for approval by the Legislative Budget Commission, upon determination of the additional budget amounts by appropriation category that are necessary for full implementation.

Section 27. Provides that of the funds received in the Administrative Trust Fund, the DOH is to retain 91.67 percent of the monthly collections in the Administrative Trust Fund. The remaining 8.33 percent of the monthly collections is to be distributed to the Rape Crisis Program Trust Fund, up to a maximum annual distribution of \$4 million. Once the \$4 million cap is reached, 100 percent of the collections is to be retained in the Administrative Trust Fund in the DOH. Annual collections in excess of \$55 million are to be transferred as follows: \$5 million to the Brain and Spinal Cord Injury Program Trust Fund and the remainder to the General Revenue Trust Fund.

Section 28. Appropriates \$31,591,454 from the Administrative Trust Fund in the DOH to provide funding for verified and provisional trauma centers and \$4 million to the Rape Crisis Program Trust Fund in the DOH for the purpose of providing services for victims of sexual assault.

Section 29. Provides an effective date of July 1, 2004.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

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

B. Public Records/Open Meetings Issues:

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

C. Trust Funds Restrictions:

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

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

See comments in the Government Sector Impact section below.

B. Private Sector Impact:

Drivers and owners of motor vehicles will be liable for enhanced assessments and fines. Trauma centers eligible for funding under the bill will recoup some startup and other costs associated with the provision of trauma services.

C. Government Sector Impact:

Revenues:

The figures on the following table are official estimates of the April 22, 2004, Revenue Estimating Conference.

Issue	Fine	FY 2004-05	FY 2005-06
1) Civil traffic violations - ch. 316	10	\$ 18,507,501	\$ 24,676,668
2) Criminal violations - DUI; fleeing; leaving scene of accident; reckless driving	20	188,880	755,520
3) All other criminal violations - ch. 316	20	604,415	2,417,660
4) \$100 surcharge for 1st 8-points accumulated over 36 months; \$25 for each add'l point	100 +25 for 3 Years	*	20,256,190
5) Surcharge on final DUI conviction	500 -1000 for 3 Years	*	4,528,594
\$500 -1st offense; \$750 - 2nd; and \$1,000 – for BAL of .2 or greater			
6) Crash causing death	1,000	126,720	633,600
7) Crash causing serious bodily injury	750	426,780	2,133,900
8) Crash causing bodily injury	200	6,007,860	19,225,152
9) Running a red light	50	8,788,500	11,718,000
Total		\$ 34,650,656	\$ 86,345,284

Expenditures:

The DHSMV estimates it will cost \$184,534 to modify the Driver License Software Systems. The bill allows DHSMV to retain the actual cost of developing, implementing, and administering the driver responsibility program from proceeds collected.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Amendments:

None.

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