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A bill to be entitled An act relating to trauma care services; amending s. 395.40, F.S.; providing that it is the Legislature's intent that the Agency for Health Care Administration be primarily responsible for funding a statewide system of trauma care; requiring that the state trauma care plan be amended by a specified date; amending s. 395.4001, F.S.; revising terms relating to trauma care services; amending s. 395.401, F.S.; removing the term "state-approved" from the trauma care services system; amending s. 395.4015, F.S.; requiring the Department of Health and the agency to establish trauma care regions; amending s. 395.402, F.S.; requiring the department and the agency to consider the recommendations of certain organizations when reassigning trauma service areas; requiring that the trauma service areas be reviewed periodically; removing limitation on number of trauma centers in the state; amending s. 395.4025, F.S.; conforming provisions to changes made by the act; amending s. 395.403, F.S.; directing that each trauma center receive a one-time specified appropriation in recognition of the capital investment made to establish the trauma service; requiring that each new trauma center also receive a specified appropriation; deleting provisions relating to state-sponsored trauma centers; deleting provisions relating to

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client eligibility, funding formulas, and claims processing; creating s. 395.4033, F.S; requiring the department to make certain payments to trauma centers; providing conditions for a certified trauma center to receive funding; creating s. 395.4036, F.S.; requiring the department to use funds from the Trauma Services Trust Fund to assure the availability and accessibility of trauma services throughout this state and for startup costs; requiring the department to allocate funds not disbursed for trauma preparedness and startup costs to trauma centers to pay for uncompensated trauma care; allocating unspent funds to the department's Nursing Student Loan Forgiveness Program and the Nursing Scholarship Program; amending s. 395.4045, F.S.; conforming provisions to changes made by the act; requiring the Medicaid Disproportionate Share Task Force to review the disbursement of Special Medicaid Payments made to trauma centers to assess the effectiveness of the payments to the trauma care centers; requiring the task force to consider the advice and suggestions of specified organizations; amending s. 316.066, F.S.; directing the Department of Highway Safety and Motor Vehicles to collect a fee for each written report of a crash filed with the department; amending s. 318.18, F.S.; directing the clerk of court to collect a fee for each civil and criminal

1 violation of chapter 316, F.S.; amending s. 2 320.0801, F.S.; directing that an additional 3 surcharge be imposed on license registration for certain motor vehicles; amending s. 327.35, 4 5 F.S.; directing that an additional surcharge be 6 imposed on persons convicted of boating under 7 the influence; creating s. 327.732, F.S.; 8 directing the court to collect an additional fee for criminal and noncriminal violations of 9 10 chapter 327 or chapter 328, F.S.; providing 11 that all fees collected under the act be 12 deposited in the Trauma Services Trust Fund; creating the driver's responsibility program; 13 directing the Department of Highway Safety and 14 Motor Vehicles to annually impose specified 15 monetary penalties against motor vehicle 16 17 licensees who have violated certain laws within the previous 36 months; requiring the 18 19 department to notify licensees of the penalty 20 and the time period in which to pay the 21 penalty; requiring the department to accept installment payments for the penalties; 22 directing the department to adopt rules 23 24 relating to installment payments; providing sanctions for a licensee's failure to pay an 25 installment; allowing the department the 26 27 discretion to permit licensees to pay assessed 28 penalties with credit cards; authorizing the 29 department to adopt rules relating to credit 30 card payments; requiring the department to 31 suspend a driver's license if a credit card

issuer returns the account as unpayable; requiring the department to suspend a driver's license if the licensee does not pay the penalty or arrange for an installment plan within a specified time after the notice of penalty is sent; directing the department to remit all penalties to the Trauma Service Trust Fund; providing an effective date.

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

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Section 1. Section 395.40, Florida Statutes, is amended to read:

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395.40 Legislative findings and intent.--

- (1) The Legislature finds that there has been a lack of timely access to trauma care due to the state's fragmented trauma system. This finding is based on the 1999 Trauma System Report on Timely Access to Trauma Care submitted by the department in response to the request of the Legislature.
- The Legislature finds that it is necessary to plan for, and to establish, and fund an inclusive trauma system to meet the needs of trauma victims. An "inclusive trauma system" means a system designed to meet the needs of all injured trauma victims who require care in an acute-care setting and into which every health care provider or facility with resources to care for the injured trauma victim is incorporated. The Legislature deems the benefits of trauma care provided within an inclusive trauma system to be of vital significance to the outcome of a trauma victim.
- (3) It is the intent of the Legislature to place 31 primary responsibility for the planning and establishment of a

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statewide inclusive trauma system with the department <u>and</u> <u>primary responsibility for funding with the agency</u>. The department shall undertake the implementation of a statewide inclusive trauma system as funding is available.

- (4) The Legislature finds that significant benefits are to be obtained by directing the coordination of activities by several state agencies, relative to access to trauma care and the provision of trauma care to all trauma victims. It is the intent of the Legislature that the department, the Agency for Health Care Administration, the Board of Medicine, and the Board of Nursing establish interagency teams and agreements for the development of guidelines, standards, and rules for those portions of the inclusive state trauma system within the statutory authority of each agency. This coordinated approach will provide the necessary continuum of care for the trauma victim from injury to final hospital discharge. The department has the leadership responsibility for this activity.
- (5) In addition, the agencies listed in subsection (4) should undertake to:
- (a) Establish a coordinated methodology for monitoring, evaluating, and enforcing the requirements of the state's inclusive trauma system which recognizes the interests of each agency.
- (b) Develop appropriate roles for trauma agencies, to assist in furthering the operation of trauma systems at the regional level. This should include issues of system evaluation as well as managed care.
- (c) Develop and submit appropriate requests for waivers of federal requirements which will facilitate the delivery of trauma care.

- (d) Develop criteria that will become the future basis for mandatory consultation on the care of trauma victims and mandatory transfer of appropriate trauma victims to trauma centers.
- (e) Develop a coordinated approach to the care of the trauma victim. This shall include the movement of the trauma victim through the system of care and the identification of medical responsibility for each phase of care for out-of-hospital and in-hospital trauma care.
- (f) Require the medical director of an emergency medical services provider to have medical accountability for a trauma victim during interfacility transfer.
- (6) Furthermore, the Legislature encourages the department to actively foster the provision of trauma care and serve as a catalyst for improvements in the process and outcome of the provision of trauma care in an inclusive trauma system. Among other considerations, the department is encouraged to:
- (a) Promote the development of at least one trauma center in every trauma service area.
- (b) Promote the development of a trauma agency for each trauma region.
- (c) Update the state trauma system plan by December $\underline{2004}$ 2000 and at least every 5th year thereafter.
- Section 2. Section 395.4001, Florida Statutes, is amended to read:
 - 395.4001 Definitions.--As used in this part, the term:
- (1) "Agency" means the Agency for Health Care Administration.
- 30 (2) "Charity care" or "uncompensated charity care"
 31 means that portion of hospital charges reported to the agency

for which there is no compensation for care provided to a patient whose family income for the 12 months preceding the determination is less than or equal to 200 150 percent of the federal poverty level, unless the amount of hospital charges due from the patient exceeds 25 percent of the annual family income. However, in no case shall the hospital charges for a patient whose family income exceeds four times the federal poverty level for a family of four be considered charity.

- (3) "Department" means the Department of Health.
- (4) "Interfacility trauma transfer" means the transfer of a trauma victim between two facilities licensed under this chapter, under pursuant to this part.
- (5) "Level I trauma center" means a trauma center that:
- (a) 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.
- (b) 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.
- (c) Participates in an inclusive system of trauma care, including providing leadership, system evaluation, and quality improvement activities.
- (6) "Level II trauma center" means a trauma center that:
- (a) Is determined by the department to be in substantial compliance with Level II trauma center standards.

- (b) Serves as a resource facility to general hospitals through shared outreach, education, and quality improvement activities.
- (c) Participates in an inclusive system of trauma care.
- (7) "Pediatric trauma referral center" means 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.
- (8) "State-approved Trauma center" means a hospital that has successfully completed the selection process pursuant to s. 395.4025 and has been approved by the department to operate as a trauma center in the state.
- (9) "State-sponsored trauma center" means a trauma center or pediatric trauma referral center that receives state funding for trauma care services under s. 395.403.
- (9)(10) "Trauma agency" means a department-approved agency established and operated by one or more counties, or a department-approved entity with which one or more counties contract, for the purpose of administering an inclusive regional trauma system.
- (10)(11) "Trauma alert victim" means a person who has incurred a single or multisystem injury due to blunt or penetrating means or burns, who requires immediate medical intervention or treatment, and who meets one or more of the adult or pediatric scorecard criteria established by the department by rule.
- (12) "Trauma center" means any hospital that has been determined by the department to be in substantial compliance with trauma center verification standards as either state-approved or provisional state-approved.

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

(12)(14) "Trauma transport protocol" means a document which describes the policies, processes, and procedures governing the dispatch of vehicles, the triage, prehospital transport, and interfacility trauma transfer of trauma victims.

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

Section 3. Section 395.401, Florida Statutes, is amended to read:

395.401 Trauma services system plans; verification of trauma centers and pediatric trauma referral centers; procedures; renewal.--

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

 $\hbox{(b)} \quad \hbox{The local and regional trauma agencies shall} \\ \text{develop and submit to the department plans for local and} \\$

regional trauma services systems. The plans must include, at a minimum, the following components:

- 1. The organizational structure of the trauma system.
- 2. Prehospital care management guidelines for triage and transportation of trauma cases.
- 3. Flow patterns of trauma cases and transportation system design and resources, including air transportation services, provision for interfacility trauma transfer, and the prehospital transportation of trauma victims. The trauma agency shall plan for the development of a system of transportation of trauma alert victims to trauma centers where the distance or time to a trauma center or transportation resources diminish access by trauma alert victims.
- 4. The number and location of needed state-approved trauma centers based on local needs, population, and location and distribution of resources.
- 5. Data collection regarding system operation and patient outcome.
- 6. Periodic performance evaluation of the trauma system and its components.
- 7. The use of air transport services within the jurisdiction of the local trauma agency.
- 8. Public information and education about the trauma system.
- 9. Emergency medical services communication system usage and dispatching.
- 10. The coordination and integration between <u>and among</u> trauma centers the verified trauma care facility and <u>other</u> the nonverified health care facilities.
 - 11. Medical control and accountability.
 - 12. Quality control and system evaluation.

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- (c) The department shall receive plans for the implementation of inclusive trauma systems from trauma The department may approve or not approve trauma agency plans based on the conformance of the plan with this section and ss. 395.4015, 395.404, and 395.4045 and the rules and definitions adopted by the department under pursuant to those sections. The department shall approve or disapprove the plans within 120 days after the date the plans are submitted to the department. The department shall, by rule, provide an application process for establishing a trauma agency. The application must, at a minimum, provide requirements for the trauma agency plan submitted for review, 12 a process for reviewing the application for a state-approved 14 trauma agency, a process for reviewing the trauma transport protocols for the trauma agency, and a process for reviewing the staffing requirements for the agency. The department shall, by rule, establish minimum requirements for a trauma agency to conduct an annual performance evaluation and submit the results to the department.
 - (d) A trauma agency shall not operate unless the department has approved the local or regional trauma services system plan of the agency.
 - (e) The department may grant an exception to a portion of the rules adopted under pursuant to this section or s. 395.4015 if the local or regional trauma agency proves that, as defined in the rules, compliance with that requirement would not be in the best interest of the persons served within the affected local or regional trauma area.
- (f) A local or regional trauma agency may implement a trauma care system only if the system meets the minimum 31 standards set forth in the rules for implementation

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established by the department and if the plan has been submitted to, and approved by, the department. At least 60 days before the local or regional trauma agency submits the plan for the trauma care system to the department, the local or regional trauma agency shall hold a public hearing and give adequate notice of the public hearing to all hospitals and other interested parties in the area to be included in the proposed system.

- (g) Local or regional trauma agencies may enter into contracts for the purpose of implementing the local or regional plan. If local or regional agencies contract with hospitals for trauma services, such agencies must contract only with hospitals which are verified trauma centers.
- (h) Local or regional trauma agencies providing service for more than one county shall, as part of their formation, establish interlocal agreements between or among the several counties in the regional system.
- (i) This section does not restrict the authority of a health care facility to provide service for which it has received a license under pursuant to this chapter.
- (j) Any hospital which is verified as A trauma center shall accept all trauma victims that are appropriate for the facility regardless of race, sex, creed, or ability to pay.
- (k) It is unlawful for any hospital or other facility to hold itself out as a trauma center unless it has been so verified.
- (1) A county, upon the recommendations of the local or regional trauma agency, may adopt ordinances governing the transport of a patient who is receiving care in the field from prehospital emergency medical personnel when the patient meets 31 specific criteria for trauma, burn, or pediatric centers

 adopted by the local or regional trauma agency. These ordinances must be consistent with s. 395.4045, ordinances adopted under s. 401.25(6), and the local or regional trauma system plan and, to the furthest possible extent, must ensure that individual patients receive appropriate medical care while protecting the interests of the community at large by making maximum use of available emergency medical care resources.

- (m) The local or regional trauma agency shall, consistent with the regional trauma system plan, coordinate and otherwise facilitate arrangements necessary to develop a trauma services system.
- (n) After the submission of the initial trauma system plan, each trauma agency shall, every 5th year, submit to the department for approval an updated plan that identifies the changes, if any, to be made in the regional trauma system.
- (o) This section does not preclude a local or regional trauma agency from adopting trauma care system standards.

Section 4. Subsections (1) and (2) of section 395.4015, Florida Statutes, are amended to read:

395.4015 State regional trauma planning; trauma regions.--

(1) The department, in conjunction with the agency, shall establish a state trauma system plan. As part of the state trauma system plan, the department and the agency shall establish trauma regions that which cover all geographical areas of the state. These regions may serve as the basis for the development of department-approved local or regional trauma plans. The department and the agency shall base their its definition of the regions upon:

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- (a) Geographical considerations so as to ensure rapid access to trauma care by patients;
- (b) Historical patterns of patient referral and transfer in an area;
 - (c) Inventories of available trauma care resources;
 - (d) Predicted population growth characteristics;
- (e) Transportation capabilities, including ground and air transport;
- (f) Medically appropriate ground and air travel times; and
 - (g) Other appropriate criteria.
- (2) The department shall develop trauma systems plans for the <u>agency and</u> department-defined trauma regions which include at a minimum the following components:
- (a) An assessment of current and future trauma care needs of the population, based upon incidence rates and acuity indicators developed by the department <u>and the agency</u>, as well as other relevant characteristics of the region.
- (b) The organizational structure of the regional trauma system, including the identification of local trauma agency service areas within the region.
- (c) Prehospital care management guidelines for triage and transportation of trauma cases.
- (d) Flow patterns of trauma cases and transportation system design and resources, including air transportation services, provision for interfacility trauma transfer, and the prehospital transportation of trauma victims. The department shall plan for the development of a system of transportation of trauma alert victims to trauma centers where the distance or time to a trauma center or transportation resources diminish access by trauma alert victims.

- (e) The current and projected number, acuity level, and geographic location of trauma cases expected so as to assure that the assessed current and future trauma care needs of the population are adequately met and that state-sponsored
 trauma centers will maintain the volume of cases sufficient to provide quality care to trauma cases referred to them.
- (f) The availability of qualified health professionals, including physicians and surgeons, capable of staffing trauma centers to the level of current and future assessed needs.
- (g) Data collection regarding system operation and patient outcome, as well as the number, type, and generalized locations of state-sponsored trauma centers needed to meet the needs of the population.
- (h) Periodic performance evaluation of the trauma system and its components.
- (i) The type and extent of air transport services available and needed in each region.
- (j) Public information and education about the trauma system.
- $\begin{tabular}{ll} (k) & Emergency medical services communication system \\ usage and dispatching. \\ \end{tabular}$
- (1) The coordination and integration between the trauma centers and other health care facilities which may provide services to trauma victims.
 - (m) Medical control and accountability.
 - (n) Quality management and system evaluation.
- Section 5. Section 395.402, Florida Statutes, is amended to read:
- 30 395.402 Trauma service areas; number and location of trauma centers.--

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- (1) The Legislature recognizes that Level I and Level II trauma centers should each be capable of annually treating a minimum of 1,000 and 500 patients, respectively, with an injury severity score (ISS) of 9 or greater. Further, the Legislature finds that, based on the numbers and locations of trauma victims with these injury severity scores, there should be 19 trauma service areas should be established in the state, and, at a minimum, there should be at least one trauma center in each service area.
- (2) It is the intent of the Legislature that, as a planning guideline, Level I and Level II trauma centers should generally each provide care annually to a minimum of 1,000 and 500 patients, respectively. Level II trauma centers in counties of more than 500,000 population are expected to be able to care for 1,000 patients per year, as a planning guideline.
- department shall periodically review the assignment of the 67 counties to trauma service areas. These assignments are made for the purpose of developing a system of trauma centers. Revisions made by the department should take into consideration the recommendations made as part of the regional trauma system plans approved by the department, as well as the recommendations made as part of the state trauma system plan, and the recommendations made by the Alliance and the Committee on Trauma. These areas must, at a minimum, be reviewed in the year 2004 2000 and every 5 years thereafter. Until the department completes its initial review, the assignment of counties shall remain as established under pursuant to chapter 90-284, Laws of Florida.

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- (a) The following trauma service areas are hereby established:
- 1. Trauma service area 1 shall consist of Escambia, Okaloosa, Santa Rosa, and Walton Counties.
- Trauma service area 2 shall consist of Bay, Gulf, Holmes, and Washington Counties.
- Trauma service area 3 shall consist of Calhoun, Franklin, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, and Wakulla Counties.
- Trauma service area 4 shall consist of Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union Counties.
- Trauma service area 5 shall consist of Baker, Clay, Duval, Nassau, and St. Johns Counties.
- Trauma service area 6 shall consist of Citrus, Hernando, and Marion Counties.
- Trauma service area 7 shall consist of Flagler and Volusia Counties.
- Trauma service area 8 shall consist of Lake, Orange, Osceola, Seminole, and Sumter Counties.
- Trauma service area 9 shall consist of Pasco and Pinellas Counties.
- 10. Trauma service area 10 shall consist of Hillsborough County.
- 11. Trauma service area 11 shall consist of Hardee, Highlands, and Polk Counties. 26
 - 12. Trauma service area 12 shall consist of Brevard and Indian River Counties.
- 29 13. Trauma service area 13 shall consist of DeSoto, 30 Manatee, and Sarasota Counties.

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1 Trauma service area 14 shall consist of Martin, 2 Okeechobee, and St. Lucie Counties. 3 15. Trauma service area 15 shall consist of Charlotte, 4 Glades, Hendry, and Lee Counties. 5 Trauma service area 16 shall consist of Palm Beach 6 County. 7 Trauma service area 17 shall consist of Collier 17. 8 County. Trauma service area 18 shall consist of Broward 9 18. 10 County. 11 Trauma service area 19 shall consist of Dade and Monroe Counties. 12 13 (b) Each trauma service area should have at least one Level I or Level II trauma center. The department shall 14 allocate, by rule, the number of trauma centers needed for 15 each trauma service area. 16 17 (c) There shall be no more than a total of 44 state-sponsored trauma centers in the state. 18 19 Section 6. Section 395.4025, Florida Statutes, is 20 amended to read: 21 395.4025 State-approved Trauma centers; selection; 22 quality assurance; records. --(1) For purposes of developing a system of 23 24 state-approved trauma centers, the department shall use the 19 trauma service areas established in s. 395.402. Within each 25 service area and based on the state trauma system plan, the 26 local or regional trauma services system plan, and 27 28 recommendations of the local or regional trauma agency, and

Trauma Centers, the department shall establish the approximate

the 1990 Report and Proposal for Funding State-Sponsored

31 number of state-approved trauma centers needed to ensure

 reasonable access to high-quality trauma services. Using the guidelines and procedures outlined in the 1990 report, except when in conflict with those prescribed in this section, the department shall select those hospitals that are to be recognized as state-approved trauma centers and shall include all trauma centers verified as of October 1, 1990, and subsequently, subject to specific programmatic and quality of care standards.

- (2)(a) The department shall annually notify each acute care general hospital and each local and each regional trauma agency in the state that the department is accepting letters of intent from hospitals that are interested in becoming state-approved trauma centers. In order to be considered by the department, a hospital that operates within the geographic area of a local or regional trauma agency must certify that its intent to operate as a state-approved trauma center is consistent with the trauma services plan of the local or regional trauma agency, as approved by the department, if the such agency exists. Letters of intent must be postmarked no later than midnight October 1. This paragraph does not apply to any hospital that is a provisional or verified trauma center on January 1, 1992.
- (b) By October 15, the department shall send to all hospitals that submitted a letter of intent an application package that will provide the hospitals with instructions for submitting information to the department for selection as a state-approved trauma center. The standards for verification of trauma centers and pediatric trauma referral centers provided for in s. 395.401(2), as adopted by rule of the department, shall serve as the basis for these instructions.

- applications from those hospitals seeking selection as state-approved trauma centers, including those current verified trauma centers that seek to be state-approved trauma centers, must be received by the department no later than the close of business on April 1. The department shall conduct a provisional review of each application for the purpose of determining that the hospital's application is complete and that the hospital has the critical elements required for a state-approved trauma center. This critical review will be based on trauma center verification standards and shall include, but not be limited to, a review of whether the hospital has:
- 1. Equipment and physical facilities necessary to provide trauma services.
- 2. Personnel in sufficient numbers and with proper qualifications to provide trauma services.
 - 3. An effective quality assurance process.
- 4. Submitted written confirmation by the local or regional trauma agency that the verification of the hospital as a state-approved trauma center is consistent with the plan of the local or regional trauma agency, as approved by the department, if such agency exists. This subparagraph applies to any hospital that is not a provisional or verified trauma center on January 1, 1992.
- (d)1. Notwithstanding other provisions in this section, the department may grant up to an additional 18 months to a hospital applicant that is unable to meet all requirements as provided in paragraph (c) at the time of application if the number of applicants in the service area in which the applicant is located is equal to or less than the

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service area allocation, as provided by rule of the department. An applicant that is granted additional time under pursuant to this paragraph shall submit a plan for departmental approval which includes timelines and activities that the applicant proposes to complete in order to meet application requirements. Any applicant that demonstrates an ongoing effort to complete the activities within the timelines outlined in the plan shall be included in the number of state-approved trauma centers at such time that the department has conducted a provisional review of the application and has determined that the application is complete and that the hospital has the critical elements required for a state-approved trauma center.

- Timeframes provided in subsections (1)-(8) shall be 2. stayed until the department determines that the application is complete and that the hospital has the critical elements required for a state-approved trauma center.
- (3) After April 30, any hospital that submitted an application found acceptable by the department based on provisional review, including all trauma centers verified as of December 1, 1989, shall be eligible to operate as a provisional state-approved trauma center.
- Between May 1 and October 1 of each year, the department shall conduct an in-depth evaluation of all applications found acceptable in the provisional review. The applications shall be evaluated against criteria enumerated in the application packages as provided to the hospitals by the department.
- (5) Beginning October 1 of each year and ending no later than June 1 of the following year, a review team of 31 out-of-state experts assembled by the department shall make

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onsite visits to all provisional state-approved trauma centers. The department shall develop a survey instrument to be used by the expert team of reviewers. The instrument shall include objective criteria and guidelines for reviewers based on existing trauma center and pediatric trauma referral center verification standards such that all trauma centers and pediatric trauma referral centers are assessed equally. The survey instrument shall also include a uniform rating system that will be used by reviewers to indicate the degree of compliance of each center with specific standards, and to indicate the quality of care provided by each center as determined through an audit of patient charts. In addition, hospitals being considered as provisional state-approved trauma centers shall meet all the requirements of a verified trauma center or pediatric trauma referral center, and shall be located in a trauma service area that has a need for such a center.

(6) Based on recommendations from the review team, the department shall select state-approved trauma centers by July 1. An applicant for designation as a state-approved trauma center or a state-approved pediatric trauma referral center may request an extension of its provisional status if it submits a corrective action plan to the department. The corrective action plan must demonstrate the ability of the applicant to correct deficiencies noted during the applicant's onsite review conducted by the department between the previous October 1 and June 1. The department may extend the provisional status of an applicant for designation as a state-approved trauma center or a state-approved pediatric trauma referral center through December 31 if the applicant 31 provides a corrective action plan acceptable to the

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department. The department or a team of out-of-state experts assembled by the department shall conduct an onsite visit on or before November 1 to confirm that the deficiencies have been corrected. The provisional state-approved trauma center or the provisional state-approved pediatric trauma referral center is responsible for all costs associated with the onsite visit in a manner prescribed by rule of the department. By January 1, the department must approve or deny the application of any provisional applicant granted an extension. Each state-approved trauma center shall be granted a 7-year verification period during which time it must continue to maintain trauma center verification standards and acceptable patient outcomes as determined by department rule. A verification, unless sooner suspended or revoked, automatically expires 7 years after the date of issuance and is renewable upon application for renewal as prescribed by rule of the department. After July 1, 1992, only those hospitals selected as state-approved trauma centers may operate as trauma centers.

- (7) Any hospital that wishes to protest a decision made by the department based on the department's preliminary or in-depth review of applications or on the recommendations of the site visit review team pursuant to this section shall proceed as provided in chapter 120. Hearings held under this subsection shall be conducted in the same manner as provided in ss. 120.569 and 120.57. Cases filed under chapter 120 may combine all disputes between parties.
- (8) Notwithstanding any provision of chapter 381, a hospital licensed under ss. 395.001-395.3025 that operates a state-approved trauma center may not terminate or substantially reduce the availability of trauma service

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30 31 without providing at least <u>a 7-month</u> 6 months'notice of its intent to terminate <u>the</u> such service. <u>The</u> Such notice shall be given to the Department of Health, to all affected local or regional trauma agencies, and to all state-approved trauma centers, hospitals, and emergency medical service providers in the trauma service area.

(9) Except as otherwise provided in this subsection, the department or its agent may collect trauma care and registry data, as prescribed by rule of the department, from trauma centers, pediatric trauma referral centers, hospitals, emergency medical service providers, local or regional trauma agencies, or medical examiners for the purposes of evaluating trauma system effectiveness, ensuring compliance with the standards of verification, and monitoring patient outcomes. A trauma center, pediatric trauma referral center, hospital, emergency medical service provider, medical examiner, or local trauma agency or regional trauma agency, or a panel or committee assembled by such an agency under s. 395.50(1) may, but is not required to, disclose to the department patient care quality assurance proceedings, records, or reports. However, the department may require a local trauma agency or a regional trauma agency, or a panel or committee assembled by such an agency to disclose to the department patient care quality assurance proceedings, records, or reports that the department needs solely to conduct quality assurance activities under s. 395.4015, or to ensure compliance with the quality assurance component of the trauma agency's plan approved under s. 395.401. The patient care quality assurance proceedings, records, or reports that the department may require for these purposes include, but are not limited to, the structure, processes, and procedures of the agency's

quality assurance activities, and any recommendation for improving or modifying the overall trauma system, if the identity of a trauma center, pediatric trauma referral center, hospital, emergency medical service provider, medical examiner, or an individual who provides trauma services is not disclosed.

- (10) Out-of-state experts assembled by the department to conduct onsite visits are agents of the department for the purposes of s. 395.3025. An out-of-state expert who acts as an agent of the department under this subsection is not liable for any civil damages as a result of actions taken by him or her, unless he or she is found to be operating outside the scope of the authority and responsibility assigned by the department.
- (11) Onsite visits by the department or its agent may be conducted at any reasonable time and may include but not be limited to a review of records in the possession of trauma centers, pediatric trauma referral centers, hospitals, emergency medical service providers, local or regional trauma agencies, or medical examiners regarding the care, transport, treatment, or examination of trauma patients.
- reports, or patient care quality assurance proceedings, records, or reports obtained or made <u>under</u> <u>pursuant to</u> this section, s. 395.3025(4)(f), s. 395.401, s. 395.4015, s. 395.402, s. 395.403, s. 395.404, s. 395.4045, s. 395.405, s. 395.50, or s. 395.51 must be held confidential by the department or its agent and are exempt from the provisions of s. 119.07(1). Patient care quality assurance proceedings, records, or reports obtained or made <u>under</u> <u>pursuant to</u> these

sections are not subject to discovery or introduction into evidence in any civil or administrative action.

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

Section 7. Section 395.403, Florida Statutes, is amended to read:

395.403 Reimbursement of state-sponsored trauma centers.--

- hospitals which provide services to trauma victims are not adequately compensated for trauma care and such treatment. The Legislature also recognizes that the current verified trauma centers are providing such services without adequate reimbursement. Therefore, it is the intent of the Legislature 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. It is also the intent of the Legislature that this system of state-sponsored trauma centers be assisted financially based on the volume and acuity of uncompensated trauma care provided.
- (2) Each trauma center shall receive, on July 1, 2004, a one-time appropriation of \$1 million in recognition of the capital investment made by the hospital to establish the trauma service. Each new trauma center approved by the department after July 1, 2004, shall also receive the \$1

million appropriation. All provisional and state-approved 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.

- (3) To receive state funding, a state-sponsored trauma center shall submit a claim electronically via the Trauma Claims Processing System, designed, developed, implemented, and operated by the department's Medicaid program, to the department's Medicaid program upon discharge of a trauma patient. When a hospital stay spans a state fiscal year, a separate hospital claim shall be submitted for the hospital days incurred in each fiscal year.
- (4)(a) State-sponsored trauma centers shall determine each trauma patient's eligibility for state funding prior to the submission of a claim.
- (b) A trauma patient treated must meet the definition of charity care, have been designated as having an ISS score of 9 or greater, and have received services that are medically necessary from a state-sponsored trauma center in order for the state-sponsored trauma center to receive state funding for that patient.
- (c) Each state-sponsored trauma center shall retain appropriate documentation showing a trauma patient's eligibility for state funding. Documentation recognized by the department as appropriate shall be limited to one of the following:
 - 1. W-2 withholding forms.
 - 2. Payroll stubs.
 - 3. Income tax returns.

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4. Forms approving or denying unemployment compensation or workers' compensation.

5. Written verification of wages from employer.

6. Written verification from public welfare agencies or any other governmental agency which can attest to the patient's income status for the past 12 months.

7. A witnessed statement signed by the patient or responsible party, as provided for in Pub. L. No. 79-725, as amended, known as the Hill-Burton Act, except that such statement need not be obtained within 48 hours of the patient's admission to the hospital as required by the Hill-Burton Act. The statement shall include acknowledgment that, in accordance with s. 817.50, providing false information to defraud a hospital for the purposes of obtaining goods or services is a misdemeanor of the second degree.

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

(e) The department's Medicaid program office shall check each claim to confirm that the patient is not covered under the Medicaid program and shall pay the claim out of the Trauma Services Trust Fund. Trauma patients who are eligible for the Medicaid program shall not be considered eligible for the state-sponsored trauma center program except for Medicaid noncovered services. If a claim is denied by the Trauma Claims Processing System as a result of Medicaid eligibility for Medicaid covered services, the hospital shall submit a 31 claim to the Medicaid fiscal agent for payment.

1 (5) State funding shall be at a per diem rate equal to \$860 to provisional state-approved and state-approved trauma 3 centers. This rate shall be effective for the first 12 months of funding, after which time payment to provisional 4 5 state-approved and state-approved trauma centers shall be 6 based on a trauma cost-based reimbursement methodology 7 developed by the department. The department shall consult with 8 representatives from the hospital industry including the Florida Hospital Association, the Association of Voluntary 9 Hospitals of Florida, and the Florida League of Hospitals in 10 11 the development of the reimbursement methodology. 12 (6)(a) To ensure a fair distribution of funds appropriated for state-sponsored trauma centers and to ensure 13 that no state-sponsored trauma center gains an unfair 14 advantage due solely to its ability to bill more quickly than 15 16 another state-sponsored trauma center, the total amount of 17 state funds appropriated in the General Appropriations Act for this section shall be divided into 19 trauma fund accounts 18 19 with an account for each service area established in s. 395.402(3). The amount of funds distributed to a service area 20 21 shall be based on the following formula: 22 23 24 SAAA = SATD x TA 25 TTD 26 where: 2.7 SAAA - service area appropriation amount. 28 SATD - uncompensated service area trauma days with ISS 29 score of 9 or greater. 30 TTD - uncompensated total trauma days with ISS score of 31 9 or greater for all 19 service areas.

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

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be the detailed patient discharge data of the most recently completed calendar year for which the board possesses data. Out-of-state days that are included in the database shall be allocated to the service area where the treating hospital is located.

(b) The database to be used for this calculation shall

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

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28 29 (d) The department shall pay trauma claims on a monthly basis. In a given month when the outstanding claims will exceed the unexpended funds allocated to a service area, the department shall pay all of the submitted claims for the service area on a pro rata basis.

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

- (f) For any state fiscal year, reimbursement for any patient residing outside the trauma service area of the state-sponsored trauma center where the patient is treated shall be paid out of the funds allocated for the trauma service area where the patient resides. Out-of-state days shall be paid from the service area where the treating hospital is located.
- $\underline{(3)}$ (7) In order to receive payments under this section, a hospital shall be a state-sponsored trauma center and shall:
- (a) Agree to conform to all departmental requirements as provided by rule to assure high-quality trauma services.
- (b) Agree to provide information concerning the provision of trauma services to the department, in a form and manner prescribed by rule of the department.
- (c) Agree to accept all trauma patients, regardless of ability to pay, on a functional space-available basis.
- (4)(8) A state-sponsored trauma center that which fails to comply with any of the conditions listed in subsection(3)(7)or the applicable rules of the department shall not receive payments under this section for the period in which it was not in compliance.

Section 8. Section 395.4033, Florida Statutes, is created to read:

395.4033 Payments to trauma centers.--It is the intent of the Legislature to provide financial support to certified

trauma centers in order for the centers to meet minimum standards of trauma readiness and to create incentives for new 2 3 trauma centers to become a part of the system of trauma 4 centers. In compliance with this intent, the Department of 5 Health shall make annual payments from the Trauma Services 6 Trust Fund to the trauma centers. The payments shall be in 7 equal amounts to all trauma centers in order for the centers 8 to meet minimum standards of trauma readiness. Each existing 9 trauma center and each center established after July 1, 2004, 10 may also receive a one-time payment in recognition of the 11 center's startup costs. Section 9. Section 395.4036, Florida Statutes, is 12 13 created to read: 14 395.4036 Trauma preparedness payments.--15 (1) Recognizing the Legislature's stated intent to provide financial support to current verified trauma centers, 16 17 and to provide incentives to establish additional trauma centers in the trauma center network, the department shall use 18 19 funds from the Trauma Services Trust Fund to assure the 20 availability and accessibility of trauma services throughout this state. The department, in conjunction with the agency, 21 22 shall maximize resources for trauma services whenever possible. Payment shall be equal to all trauma centers 23 24 operating on July 1, 2004, in order for those trauma centers 25 to meet the minimum standards for trauma preparedness. Each operating and new trauma center shall receive a one-time 26 27 payment to recognize the trauma center's startup costs. 28 The department shall allocate funds not disbursed 29 for trauma preparedness and startup costs to trauma centers to pay for uncompensated trauma care. Distribution of funds to 30

each trauma center shall be in proportion to the amount of

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uncompensated care provided by a trauma center to the amount of uncompensated care provided in the state, as indicated in the most recent year for which data is available.

(3) Funds not disbursed for trauma preparedness, startup costs, or uncompensated trauma care, shall be deposited into the Nursing Student Forgiveness Trust Fund to be used equally for the department's Nursing Student Loan Forgiveness Program and the Nursing Scholarship Program.

Section 10. Subsection (1) of section 395.4045, Florida Statutes, is amended to read:

395.4045 Emergency medical service providers; trauma transport protocols; transport of trauma alert victims to trauma centers; interfacility transfer.--

(1) Each emergency medical services provider licensed under chapter 401 shall transport trauma alert victims to hospitals approved as trauma centers, except as may be provided for either in the department-approved trauma transport protocol of the trauma agency for the geographical area in which the emergency medical services licensee provides services or, if no such department-approved trauma transport protocol is in effect, as provided for in a department-approved provider's trauma transport protocol.

Section 11. The Medicaid Disproportionate Share Task
Force, created by section 150 of chapter 2003-397, Laws of
Florida, shall review the disbursement of Special Medicaid
Payments made to trauma centers and assess the effectiveness
of the payments in assuring access to trauma care for all
persons in this state and protecting the financial viability
of the trauma centers. In conducting this assessment, the task
force shall consider the advice and suggestions of the

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Committee on Trauma, the Department of Health Trauma System
    Implementation Committee, and other interested parties.
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           Section 12. Subsection (7) is added to section
    316.066, Florida Statutes, to read:
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           316.066 Written reports of crashes.--
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          (7) The department shall collect $5 from each driver
    filing a written report of a crash as required by this
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    section. The fees collected under this subsection shall be
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    deposited in the Trauma Services Trust Fund.
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           Section 13. Subsection (13) is added to section
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    318.18, Florida Statutes, to read:
           318.18 Amount of civil penalties. -- The penalties
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    required for a noncriminal disposition pursuant to s. 318.14
    are as follows:
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          (13) Notwithstanding any law to the contrary, the
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    clerk of the court shall collect an additional $3 for each
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    civil violation of chapter 316; $6 for each offense
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    specifically enumerated in s. 318.17; and $9 for any other
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    offense in chapter 316 which is classified as a criminal
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    violation. The fees collected under this subsection shall be
    deposited in the Trauma Services Trust Fund.
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           Section 14. Subsection (3) is added to section
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    320.0801, Florida Statutes, to read:
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           320.0801 Additional license tax on certain vehicles.--
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          (3) In addition to the license taxes imposed by s.
    320.08 and in subsection (1), there is imposed an additional
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    surcharge of $3 for the operation of a motor vehicle as
    defined in s. 320.01(1), a mobile home as defined in s.
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    320.01(2), and a moped as defined in s. 316.003(77), which tax
    shall be paid to the department or its agent upon the
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   registration or renewal of registration of the vehicle.
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Notwithstanding any law to the contrary, the revenues collected from the tax imposed in this subsection shall be 2 3 deposited in the Trauma Services Trust Fund. Section 15. Subsection (11) is added to section 4 5 327.35, Florida Statutes, to read: 6 327.35 Boating under the influence; penalties; 7 "designated drivers".--8 (11) Notwithstanding any other provision of this 9 section, for any person convicted of a violation of subsection 10 (1), in addition to the fines set forth in subsections (2) and (4), an additional fine of \$50 shall be assessed and collected 11 in the same manner as the fines set forth in subsections (2) 12 and (4). All fines collected under this subsection shall be 13 14 deposited into the Trauma Services Trust Fund and used for the purposes set forth in s. 395.4035, after 5 percent is deducted 15 therefrom by the clerk of the court for administrative costs. 16 17 Section 16. Section 327.732, Florida Statutes, is created to read: 18 19 327.732 Trauma services. -- Notwithstanding any law to the contrary, the court shall impose an additional \$25 for 20 21 each noncriminal infraction of this chapter or chapter 328 and \$50 for each criminal infraction of this chapter or chapter 22 328. The fees collected under this section shall be deposited 23 24 in the Trauma Services Trust Fund. 25 Section 17. Driver's responsibility program. --26 (1) ANNUAL PENALTIES. -- In addition to any other 27 penalty authorized by law, the Department of Highway Safety 28 and Motor Vehicles shall impose an annual monetary penalty 29 against each person who: 30 (a) Accumulates six or more points under section 322.27(3), Florida Statutes, for violations of motor vehicle 31

laws or ordinances, or applicable provisions of section 403.413(6)(b), Florida Statutes, during the preceding 36-month period. The penalty assessed shall be \$100 for the first six points the licensee accumulates and \$25 for each point accumulated in excess of six points. The department shall notify the licensee by first-class mail at the licensee's most recent address on file with the department of the assessment of the fifth point on the license.

- (b) Is convicted of an offense relating to driving under the influence under section 316.193, Florida Statutes, during the preceding 36-month period. The penalty assessed shall be \$1,000 for the first conviction or \$1,500 for a second or subsequent conviction, except that the penalty shall be \$2,000 for the first or a subsequent conviction if the licensee's blood-alcohol, urine-alcohol, or breath-alcohol level is 0.20 or higher.
- (c) Is convicted of a violation of section 324.021, Florida Statutes, during the preceding 36-month period. The penalty assessed shall be \$250 for one or more convictions during the previous 36 months.
- (d) Is convicted of a violation of section 322.03, Florida Statutes, during the preceding 36-month period. The penalty assessed shall be \$100 for one or more convictions during the previous 36 months.
- (2) NOTICE OF PENALTY.--The department shall notify the licensee of the assessment of a penalty by first-class mail sent to the licensee's most recent address documented in the department's records. The notice must specify the date by which the penalty must be paid and describe the consequences if the licensee fails to timely pay the penalty.

- shall adopt by rule procedures to permit the licensee to pay the penalty in installments. A licensee may not pay a penalty total of less than \$2,300 over a period of more than 12 consecutive months or a penalty total of \$2,300 or more over a period of more than 24 consecutive months. If the licensee is paying by installment and fails to pay an installment payment, the department may declare the full amount of the unpaid penalty immediately due and payable.
- (4) CREDIT CARD PAYMENT OF PENALTY.--The department may adopt by rule procedures to permit the licensee to pay the penalty by credit card. The licensee must pay all costs incurred by the department which are associated with the acceptance of a credit card payment. If the penalty or related credit card costs are returned as unpayable to the department by the credit card issuer, the department shall immediately suspend the licensee's driver's license. A license suspended under this subsection remains suspended until the licensee pays in full the penalty and all related costs incurred by the department for accepting the credit card payment.
- (5) FAILURE TO PAY PENALTY.--If the licensee fails to pay the penalty on or before 30 days after the date the department sends the notice to the licensee, fails to enter into an installment payment agreement with the department, or fails to make an installment payment, the department shall immediately suspend the licensee's driver's license. A license suspended under this subsection remains suspended until the licensee pays in full the penalty and all related costs incurred by the department in collecting the penalty.

(6) REMITTANCE OF PENALTY TO THE TRAUMA SERVICES TRUST FUND. -- All penalties collected by the department under this section shall be deposited in the Trauma Services Trust Fund. Section 18. This act shall take effect July 1, 2004.

SENATE SUMMARY

Requires the Department of Health and the Agency for Health Care Administration to establish trauma care regions. Directs that each trauma center receive a one-time specified appropriation in recognition of the capital investment made to establish the trauma service. Provides conditions for a certified trauma center to receive funding. Requires the department to use funds from the Trauma Services Trust Fund to assure the availability and accessibility of trauma services and for startup costs. Requires the department to allocate funds not disbursed for trauma preparedness and startup costs to trauma centers to pay for uncompensated trauma care. Allocates unspent funds to the department's Nursing Student Loan Forgiveness Program and the Nursing Student Loan Forgiveness Program and the Nursing Scholarship Program. Requires the Medicaid Disproportionate Share Task Force to review the disbursement of Special Medicaid Payments made to trauma centers to assess the effectiveness of the payments to the trauma care centers. Directs the Department of Highway Safety and Motor Vehicles to collect a fee for each written report of a crash filed with the department. Directs the clerk of court to collect a fee for each civil and criminal violation of ch. 316, F.S. Directs that an additional surcharge be imposed on license registration for certain motor vehicles. Directs that an that an additional surcharge be imposed on license registration for certain motor vehicles. Directs that an additional surcharge be imposed on persons convicted of boating under the influence. Directs the court to collect an additional fee for criminal and noncriminal violations of chapter 327 or chapter 328, F.S. Provides that all fees collected be deposited in the Trauma Services Trust Fund. Creates the driver's responsibility program.

Directs the Department of Highway Safety and Motor Fund. Creates the driver's responsibility program. Directs the Department of Highway Safety and Motor Vehicles to annually impose specified monetary penalties against motor vehicle licensees who have violated certain laws within the previous 36 months. Requires the department to notify licensees of the penalty and the time period in which to pay the penalty. Requires the department to accept installment payments for the penalties. Provides sanctions for a licensee's failure to pay an installment. Allows the department the discretion penalties. Provides sanctions for a licensee's failure to pay an installment. Allows the department the discretion to permit licensees to pay assessed penalties with credit cards. Requires the department to suspend a driver's license if a credit card issuer returns the account as unpayable. Requires the department to suspend a driver's license if the licensee does not pay the penalty or arrange for an installment plan within a specified time after the notice of penalty is sent. Directs the department to remit all penalties to the Trauma Service Trust Fund. Provides for distribution of funds to certified trauma centers. (See bill for details.) certified trauma centers. (See bill for details.)