By the Committees on Appropriations; Health, Aging, and Long-Term Care; and Senators Atwater and Cowin

309-2687-04

1 A bill to be entitled 2 An act relating to trauma care center care services; amending s. 381.74, F.S.; requiring 3 4 hospitals and trauma centers to provide data on 5 moderate-to-severe brain or spinal cord 6 injuries to the Department of Health; amending 7 s. 381.745, F.S.; defining "department" for 8 purposes of the "Charlie Mack Overstreet Brain 9 or Spinal Cord Injuries Act"; amending s. 10 395.40, F.S.; revising legislative findings; revising duties of the Department of Health to 11 12 implement and plan for a statewide trauma 13 system; amending s. 395.4001, F.S.; revising definitions; amending s. 395.401, F.S.; 14 revising components for local and regional 15 16 trauma services system plans; correcting 17 references to the term "trauma center"; 18 amending s. 395.4015, F.S.; requiring that the boundaries of the trauma regions administered 19 by the Department of Health be coterminous with 20 21 the boundaries of the regional domestic 22 security task forces established within the 23 Department of Law Enforcement; providing exceptions for certain interlocal agreements 2.4 25 for trauma services in a regional system; eliminating requirements for the Department of 26 27 Health to develop the minimum components for 2.8 systems plans in defined trauma regions; amending s. 395.402, F.S.; providing additional 29 legislative intent with respect to trauma 30 service areas; providing a treatment capacity 31

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for certain trauma centers; providing that current trauma service areas shall be used until the Department of Health completes an assessment of the trauma system; requiring a report; providing guidelines for such assessment; requiring annual review; amending s. 395.4025, F.S.; revising requirements for the Department of Health's development of a state trauma system plan; deleting obsolete references; correcting references to the term "trauma center"; revising requirements for the department's approval and verification of a facility as a trauma center; granting the department authority to adopt rules for the procedures and process for notification, duration, and explanation of a trauma center's termination of trauma services; revising the requirements for notice that a hospital must give before it terminates or substantially reduces trauma service; exempting from certain time limits on applications to operate as trauma centers certain hospitals in areas having no trauma center; limiting applications until the completion of a specified review; amending s. 395.403, F.S.; correcting references to the term "trauma center"; revising eligibility requirements for state funding of trauma centers; providing that trauma centers may request that their distributions from the Administrative Trust Fund be used as intergovernmental transfer

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funds in the Medicaid program; amending s. 395.404, F.S.; revising reporting requirements to the trauma registry data system maintained by the Department of Health; providing that hospitals and trauma centers subject to reporting trauma registry data to the department are required to comply with other duties concerning the moderate-to-severe brain or spinal cord injury registry maintained by the department; correcting references to the term "trauma center"; amending s. 395.405, F.S.; authorizing the Department of Health to adopt and enforce rules necessary to administer part II of ch. 395, F.S.; establishing a task force on distribution of funds; providing for a trauma center matching grant program; amending s. 318.14, F.S.; providing additional civil penalties for certain traffic infractions; providing for disposition of such penalties; amending s. 318.21, F.S.; providing for disposition of mandatory civil penalties; amending s. 322.0261, F.S.; revising provisions relating to driver-improvement courses; amending s. 322.27, F.S.; prescribing points for violation of a traffic-control signal; amending s. 318.18, F.S.; providing penalty for specified violation of traffic control signal devices and for failure to submit to test for impairment or intoxication; providing for distribution of moneys collected; directing the clerk of court to collect a fee for each civil

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and criminal violation of ch. 316, F.S.; creating s. 322.751, F.S.; directing the Department of Highway Safety and Motor Vehicles to assess specified annual surcharges against a motor vehicle licensee who accumulates eight or more points against his or her license within the previous 36 months; requiring the department to notify a licensee by first-class mail upon receipt of four points against his or her license; directing the department to remit all such penalties to the Administrative Trust Fund in the Department of Health; amending s. 316.193, F.S.; directing the department to assess specified annual surcharges against motor vehicle licensees who have a final conviction within the previous 36 months for a DUI offense; directing the department to remit all such penalties to the Administrative Trust Fund in the Department of Health; amending s. 794.056, F.S.; providing that funds credited to the Rape Crisis Program Trust Fund shall include both funds collected as an additional court assessment in certain cases and certain funds deposited in the Administrative Trust Fund in the Department of Health; revising a requirement relating to the distribution of moneys from the trust fund pursuant to a rule by the Department of Health; creating s. 322.7525, F.S.; requiring the department to notify licensees of the surcharges and the time period in which to pay the surcharges; creating

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s. 322.753, F.S.; requiring the department to 2 accept installment payments for the surcharges; providing sanctions for a licensee's failure to 3 4 pay an installment; allowing the department to 5 permit licensees to pay assessed surcharges 6 with credit cards; requiring the department to 7 suspend a driver's license if the licensee does 8 not pay the surcharge or arrange for 9 installment payments within a specified time 10 after the notice of surcharge is sent; repealing s. 395.4035, F.S., relating to the 11 12 Trauma Services Trust Fund; providing for 13 distribution of collections in the Administrative Trust Fund in the Department of 14 Health; providing an appropriation; providing 15 an effective date. 16 17 18 Be It Enacted by the Legislature of the State of Florida: 19 Section 1. Subsection (1) of section 381.74, Florida 20 21 Statutes, is amended to read: 22 381.74 Establishment and maintenance of a central 23 registry. -- The department shall establish and maintain a central registry of persons who have moderate-to-severe brain 2.4 or spinal cord injuries. 25 (1) Every public health agency, private health agency, 26 27 public social agency, private social agency, hospital, trauma 2.8 center, and attending physician shall report to the department

any person who has a moderate-to-severe brain or spinal cord

division within 5 days after identification or diagnosis of

injury. The consent of such person shall not be required.

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Section 2. Present subsections (2) through (10) of 2 section 381.745, Florida Statutes, are redesignated as subsections (3) through (11), respectively, and a new 3 subsection (2) is added to that section, to read: 381.745 Definitions; ss. 381.739-381.79.--As used in ss. 381.739-381.79, the term: (2) "Department" means the Department of Health. Section 3. Subsection (5) of section 395.40, Florida Statutes, is amended to read:

- 395.40 Legislative findings and intent.--
- (5) In addition, the agencies listed in subsection (4) 11 12 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 between acute care hospitals and trauma centers on the care of trauma victims and the 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

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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.

Section 4. 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.
- care" means that portion of hospital charges reported to the agency for which there is no compensation, other than restricted or unrestricted revenues provided to a hospital by local governments or tax districts regardless of method of payment, 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, pursuant to this part.
- 28 (5) "Level I trauma center" means a trauma center 29 that:
- 30 (a) Has formal research and education programs for the 31 enhancement of trauma care; and is verified determined by the

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department to be in substantial compliance with Level I trauma center and pediatric trauma referral center standards; and has been approved by the department to operate as a Level I trauma center.

- (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 <u>verified</u> determined by the department to be in substantial compliance with Level II trauma center standards and has been approved by the department to operate as a Level II trauma center.
- (b) Serves as a resource facility to general hospitals through shared outreach, education, and quality improvement activities.
- 21 (c) Participates in an inclusive system of trauma 22 care.
  - (7) "Pediatric trauma referral center" means a hospital that is verified determined by the department to be in substantial compliance with pediatric trauma referral center standards as established by rule of the department and has been approved by the department to operate as a pediatric trauma center.
- 29 (8) "Provisional trauma center" means a hospital that
  30 has been verified by the department to be in substantial
  31 compliance with the requirements in s. 395.4025 and has been

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approved by the department to operate as a provisional Level I trauma center, Level II trauma center, or pediatric trauma center.

(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.

(11)(12) "Trauma center" means <u>a</u> any hospital that has been <u>verified</u> determined by the department to be in substantial compliance with <u>the requirements in s. 395.4025</u> and has been approved by the department to operate as a Level <u>I trauma center</u>, Level <u>II trauma center</u>, or <u>pediatric</u> trauma center <u>verification standards as either state approved</u> or <u>provisional state approved</u>.

(12)(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

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severity of his or her injuries or illness and which methodology is used as the basis for making destination decisions.

(13)(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.

(14)(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 5. 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.
- (b) The local and regional trauma agencies shall 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.

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- 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 the verified trauma center care facility and other acute care hospitals the nonverified health care facilities.
  - 11. Medical control and accountability.
  - 12. Quality control and system evaluation.
- 29 (c) The department shall receive plans for the
  30 implementation of inclusive trauma systems from trauma
  31 agencies. The department may approve or not approve trauma

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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 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, a process for reviewing the application for a state approved 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 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 standards set forth in the rules for implementation 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

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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 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 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

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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.
- (2) The department shall adopt, by rule, standards for verification of trauma centers based on national guidelines, including those established by the American College of Surgeons entitled "Hospital and Prehospital Resources for Optimal Care of the Injured Patient" and published appendices thereto. Standards specific to pediatric trauma referral centers shall be developed in conjunction with Children's Medical Services and adopted by rule of the department.
- (3) The department may withdraw local or regional agency authority, prescribe corrective actions, or use the administrative remedies as provided in s. 395.1065 for the violation of any provision of this section and ss. 395.4015, 395.402, 395.4025, 395.403, 395.404, and 395.4045 or rules adopted thereunder. All amounts collected pursuant to this subsection shall be deposited into the Emergency Medical Services Trust Fund provided in s. 401.34.

1	Section 6. Section 395.4015, Florida Statutes, is
2	amended to read:
3	395.4015 State regional trauma planning; trauma
4	regions
5	(1) The department shall establish a state trauma
6	system plan. As part of the state trauma system plan, the
7	department shall establish trauma regions $\underline{\text{that}}$ which cover all
8	geographical areas of the state <u>and have boundaries that are</u>
9	coterminous with the boundaries of the regional domestic
10	security task forces established under s. 943.0312. These
11	regions may serve as the basis for the development of
12	department-approved local or regional trauma plans. However,
13	the delivery of trauma services by or in coordination with a
14	trauma agency established before July 1, 2004, may continue in
15	accordance with public and private agreements and operational
16	procedures entered into as provided in s. 395.401. The
17	department shall base its definition of the regions upon:
18	(a) Geographical considerations so as to ensure rapid
19	access to trauma care by patients;
20	(b) Historical patterns of patient referral and
21	<del>transfer in an area;</del>
22	(c) Inventories of available trauma care resources;
23	(d) Predicted population growth characteristics;
24	(e) Transportation capabilities, including ground and
25	air transport;
26	(f) Medically appropriate ground and air travel times;
27	<del>and</del>
28	(g) Other appropriate criteria.
29	(2) The department shall develop trauma systems plans
30	for the department defined trauma regions which include at a
31	minimum the following components:

31 needs of the population.

1	(a) An assessment of current and future trauma care
2	needs of the population, based upon incidence rates and acuity
3	indicators developed by the department, as well as other
4	relevant characteristics of the region.
5	(b) The organizational structure of the regional
6	trauma system, including the identification of local trauma
7	agency service areas within the region.
8	(c) Prehospital care management guidelines for triage
9	and transportation of trauma cases.
10	(d) Flow patterns of trauma cases and transportation
11	system design and resources, including air transportation
12	services, provision for interfacility trauma transfer, and the
13	prehospital transportation of trauma victims. The department
14	shall plan for the development of a system of transportation
15	of trauma alert victims to trauma centers where the distance
16	or time to a trauma center or transportation resources
17	diminish access by trauma alert victims.
18	(e) The current and projected number, acuity level,
19	and geographic location of trauma cases expected so as to
20	assure that the assessed current and future trauma care needs
21	of the population are adequately met and that state sponsored
22	trauma centers will maintain the volume of cases sufficient to
23	provide quality care to trauma cases referred to them.
24	(f) The availability of qualified health
25	professionals, including physicians and surgeons, capable of
26	staffing trauma centers to the level of current and future
27	assessed needs.
28	(g) Data collection regarding system operation and
29	patient outcome, as well as the number, type, and generalized
30	locations of state sponsored trauma centers needed to meet the

1	(h) Periodic performance evaluation of the trauma
2	system and its components.
3	(i) The type and extent of air transport services
4	available and needed in each region.
5	(j) Public information and education about the trauma
6	system.
7	(k) Emergency medical services communication system
8	usage and dispatching.
9	(1) The coordination and integration between the
10	trauma centers and other health care facilities which may
11	provide services to trauma victims.
12	(m) Medical control and accountability.
13	(n) Quality management and system evaluation.
14	(2)(3) The department shall consider the advice and
15	recommendations of any affected local or regional trauma
16	agency in developing the state trauma system systems plan.
17	The department may, in lieu of specific regional components of
18	its own plan, accept components developed by local or regional
19	trauma agencies.
20	(3)(4) The department shall use the state trauma
21	system plan as the basis for establishing a statewide
22	inclusive trauma system.
23	Section 7. Section 395.402, Florida Statutes, is
24	amended to read:
25	395.402 Trauma service areas; number and location of
26	trauma centers
27	(1) The Legislature recognizes the need for a
28	statewide, cohesive, uniform, and integrated trauma system.
29	Within the trauma service areas, that Level I and Level II
30	trauma centers <u>shall</u> <del>should</del> each be capable of annually
31	treating a minimum of 1,000 and 500 patients, respectively,

with an injury severity score (ISS) of 9 or greater. Level II 2 trauma centers in counties with a population of more than 500,000 shall have the capacity to care for a minimum of 1,000 3 4 patients per year. Further, the Legislature finds that, based on the numbers and locations of trauma victims with these 5 6 injury severity scores, there should be 19 trauma service 7 areas in the state, and, at a minimum, there should be at 8 least one trauma center in each service area. 9 (2) It is the intent of the Legislature that, as a 10 planning quideline, Level I and Level II trauma centers should generally each provide care annually to a minimum of 1,000 and 11 12 500 patients, respectively. Level II trauma centers in 13 counties of more than 500,000 population are expected to be able to care for 1,000 patients per year, as a planning 14 <del>quideline.</del> 15 (2)(3) Trauma service areas as described in this 16 17 section are to be utilized until the Department of Health 18 completes an assessment of the trauma system and reports its findings to the Governor, the President of the Senate, the 19 Speaker of the House of Representatives, and the substantive 2.0 21 legislative committees. The report shall be submitted by December 1, 2004. The department shall review the existing 2.2 23 trauma system and determine whether it is effective in providing trauma care uniformly throughout the state. The 2.4 2.5 assessment shall: (a) Consider aligning trauma service areas within the 2.6 27 trauma region boundaries as established in July 2004. 2.8 (b) Review the number and level of trauma centers needed for each trauma service area to provide a statewide 29 30 integrated trauma system.

1	(c) Establish criteria for determining the number and
2	level of trauma centers needed to serve the population in a
3	defined trauma service area or region.
4	(d) Consider including a criteria within trauma center
5	verification standards based upon the number of trauma victims
6	served within a service area.
7	(3) In conducting this assessment and subsequent
8	annual reviews, the department shall consider:
9	(a) The recommendations made as part of the regional
10	trauma system plans submitted by regional trauma agencies.
11	(b) Stakeholder recommendations.
12	(c) The geographical composition of an area to ensure
13	rapid access to trauma care by patients.
14	(d) Historical patterns of patient referral and
15	transfer in an area.
16	(e) Inventories of available trauma care resources,
17	including professional medical staff.
18	(f) Population growth characteristics.
19	(q) Transportation capabilities, including ground and
20	air transport.
21	(h) Medically appropriate ground and air travel times.
22	(i) Recommendations of the Regional Domestic Security
23	Task Force.
24	(j) The actual number of trauma victims currently
25	being served by each trauma center.
26	(k) Other appropriate criteria.
27	(4) Annually thereafter, used. the department shall
28	periodically review the assignment of the 67 counties to
29	trauma service areas, in addition to the requirements of
30	paragraphs (2)(b)-(e) and subsection (3). County These
31	assignments are made for the purpose of developing a system of

- trauma centers. Revisions made by the department shall should 2 take into consideration the recommendations made as part of the regional trauma system plans approved by the department, 3 and as well as the recommendations made as part of the state 4 5 trauma system plan. In cases where a trauma service area is located within the boundaries of more than one trauma region, 7 the trauma service area's needs, response capability, and system requirements shall be considered by each trauma region 8 served by that trauma service area in its regional system plan 9 These areas must, at a minimum, be reviewed in the year 2000 10 and every 5 years thereafter. Until the department completes 11 12 the December 2004 assessment its initial review, the 13 assignment of counties shall remain as established in this section pursuant to chapter 90 284, Laws of Florida. 14 15
  - (a) The following trauma service areas are hereby established:
  - Trauma service area 1 shall consist of Escambia,
     Okaloosa, Santa Rosa, and Walton Counties.
  - 2. Trauma service area 2 shall consist of Bay, Gulf, Holmes, and Washington Counties.
- 3. Trauma service area 3 shall consist of Calhoun, Franklin, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, and Wakulla Counties.
- 4. Trauma service area 4 shall consist of Alachua,
  Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette,
  Levy, Putnam, Suwannee, and Union Counties.
- 5. Trauma service area 5 shall consist of Baker, Clay, Duval, Nassau, and St. Johns Counties.
- 29 6. Trauma service area 6 shall consist of Citrus, 30 Hernando, and Marion Counties.

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- 7. Trauma service area 7 shall consist of Flagler and Volusia Counties.
- 8. Trauma service area 8 shall consist of Lake,
  4 Orange, Osceola, Seminole, and Sumter Counties.
  - 9. Trauma service area 9 shall consist of Pasco and Pinellas Counties.
- 7 10. Trauma service area 10 shall consist of 8 Hillsborough County.
- 9 11. Trauma service area 11 shall consist of Hardee, 10 Highlands, and Polk Counties.
- 12. Trauma service area 12 shall consist of Brevard and Indian River Counties.
- 13. Trauma service area 13 shall consist of DeSoto,
  14 Manatee, and Sarasota Counties.
- 14. Trauma service area 14 shall consist of Martin,
  16 Okeechobee, and St. Lucie Counties.
- 15. Trauma service area 15 shall consist of Charlotte,
  18 Glades, Hendry, and Lee Counties.
- 19 16. Trauma service area 16 shall consist of Palm Beach 20 County.
- 21 17. Trauma service area 17 shall consist of Collier 22 County.
- 23 18. Trauma service area 18 shall consist of Broward 24 County.
- 25 19. Trauma service area 19 shall consist of Dade and 26 Monroe Counties.
- (b) Each trauma service area should have at least one
  Level I or Level II trauma center. The department shall
  allocate, by rule, the number of trauma centers needed for
  each trauma service area.

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

Section 8. Section 395.4025, Florida Statutes, is amended to read:

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

(1) For purposes of developing a system of state approved trauma centers, the department shall use the 19 trauma service areas established in s. 395.402. Within each service area and based on the state trauma system plan, the local or regional trauma services system plan, and recommendations of the local or regional trauma agency, and the 1990 Report and Proposal for Funding State Sponsored Trauma Centers, the department shall establish the approximate number of state approved trauma centers needed to ensure reasonable access to high-quality trauma services. The 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

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consistent with the trauma services plan of the local or regional trauma agency, as approved by the department, if 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.
- (c) In order to be considered by the department, applications from those hospitals seeking selection as state approved trauma centers, including those current verified trauma centers that seek a change or redesignation in approval status as a trauma center 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.

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- 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 applying to become 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 service area allocation, as provided by rule of the department. An applicant that is granted additional time 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.
- 2. Timeframes provided in subsections (1)-(8) shall be stayed until the department determines that the application is

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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.
- (4) 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 out-of-state experts assembled by the department shall make 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 trauma center with specific standards, and to indicate the quality of care provided by each trauma 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

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be located in a trauma service area that has a need for such a trauma 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 provides a corrective action plan acceptable to the 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 approval verification period during which time it must continue to maintain trauma center verification standards and acceptable patient outcomes as determined by department rule. An approval A verification, unless sooner suspended or revoked, automatically expires 7 years after the date of

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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 without providing at least 180 days' 6 months' notice of its intent to terminate such service. 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. The department shall adopt by rule the procedures and process for notification, duration, and explanation of the termination of trauma services.
- (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 2 trauma center, pediatric trauma referral center, hospital, emergency medical service provider, medical examiner, or local 3 4 trauma agency or regional trauma agency, or a panel or committee assembled by such an agency under s. 395.50(1) may, 5 but is not required to, disclose to the department patient 7 care quality assurance proceedings, records, or reports. 8 However, the department may require a local trauma agency or a regional trauma agency, or a panel or committee assembled by 9 such an agency to disclose to the department patient care 10 quality assurance proceedings, records, or reports that the 11 12 department needs solely to conduct quality assurance 13 activities under s. 395.4015, or to ensure compliance with the quality assurance component of the trauma agency's plan 14 approved under s. 395.401. The patient care quality assurance 15 16 proceedings, records, or reports that the department may require for these purposes include, but are not limited to, 18 the structure, processes, and procedures of the agency's quality assurance activities, and any recommendation for 19 improving or modifying the overall trauma system, if the 20 21 identity of a trauma center, pediatric trauma referral center, 22 hospital, emergency medical service provider, medical 23 examiner, or an individual who provides trauma services is not disclosed. 2.4 (10) Out-of-state experts assembled by the department 25

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

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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 pursuant to 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 pursuant to 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. 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.
- (14) Notwithstanding any other provision of this section and rules adopted pursuant to this section that impose time limits on the applications by hospitals seeking approval

and verification to operate as a trauma center, any acute care 2 general or pediatric hospital that is located in a trauma service area where there is no existing trauma center and that 3 4 has not already been previously approved may apply beginning on July 1, 2004, to the Department of Health for approval and 5 6 verification to operate as a provisional trauma center or 7 trauma center within the framework and substantive requirements under this part. Likewise, until the department 8 has conducted the review provided under s. 395.402, only 9 10 hospitals located in trauma service areas where there is no existing trauma center may apply. 11 12 Section 9. Section 395.403, Florida Statutes, is 13 amended to read: 395.403 Reimbursement of state sponsored trauma 14 centers.--15 (1) The Legislature finds that many hospitals which 16 provide services to trauma victims are not adequately 18 compensated for such treatment. The Legislature also recognizes that the current <del>verified</del> trauma centers are 19 providing such services without adequate reimbursement. 2.0 21 Therefore, it is the intent of the Legislature to provide 2.2 financial support to the current verified trauma centers and 23 to establish a system of state sponsored trauma centers as soon as feasibly possible. It is also the intent of the 2.4 Legislature that this system of state sponsored trauma centers 2.5 be assisted financially based on the volume and acuity of 26 27 uncompensated trauma care provided. 2.8 (2) All provisional trauma centers and state approved trauma centers shall be considered eliqible to receive state 29 funding state sponsored trauma centers when state revenues 30 dedicated for trauma centers funds are specifically

appropriated for state sponsored trauma centers in the General 2 Appropriations Act. The department shall make annual payments from the Administrative Trust Fund under s. 20.435 to the 3 4 trauma centers and provisional trauma centers in recognition of the trauma centers' meeting the standards of trauma 5 6 readiness and preparedness as prescribed in this part. The 7 payments established in the General Appropriations Act shall 8 be in equal amounts for the provisional trauma centers and trauma centers approved by the department during the fiscal 9 10 year in which funding is appropriated. If a provisional trauma center or trauma center does not maintain its status as a 11 12 trauma center for any state fiscal year in which such funding 13 is appropriated, the provisional trauma center or trauma center shall repay the state for the portion of the year 14 15 during which it was not a trauma center. (3) For fiscal year 2005-2006 and thereafter, the 16 department shall allocate funds not disbursed under subsection 18 (1) for trauma readiness and preparedness to provisional trauma centers and trauma centers based on volume, acuity, and 19 levels of uncompensated trauma care. Distribution to a 2.0 21 provisional trauma center or trauma center shall be in an 2.2 amount that bears the same ratio to the total amount of such 23 distributions as the volume, acuity, and uncompensated trauma care provided by the center bears to the total volume, acuity, 2.4 and uncompensated trauma care provided by all trauma centers 2.5 and provisional trauma centers in the state, as indicated in 26 2.7 the most recent year for which data is available. 2.8 (4) Provisional trauma centers and trauma centers eligible to receive distributions from the Administrative 29 30 Trust Fund under s. 20.435 in accordance with subsections (2)

and (3) may request that such funds be used as 2 intergovernmental transfer funds in the Medicaid program. 3 (3) To receive state funding, a state sponsored trauma 4 center shall submit a claim electronically via the Trauma 5 Claims Processing System, designed, developed, implemented, 6 and operated by the department's Medicaid program, to the 7 department's Medicaid program upon discharge of a trauma 8 patient. When a hospital stay spans a state fiscal year, a separate hospital claim shall be submitted for the hospital 9 10 days incurred in each fiscal year. (4)(a) State sponsored trauma centers shall determine 11 12 each trauma patient's eligibility for state funding prior to 13 the submission of a claim. (b) A trauma patient treated must meet the definition 14 of charity care, have been designated as having an ISS score 15 of 9 or greater, and have received services that are medically 16 necessary from a state sponsored trauma center in order for 18 the state sponsored trauma center to receive state funding for 19 that patient. 2.0 (c) Each state sponsored trauma center shall retain 21 appropriate documentation showing a trauma patient's 2.2 eligibility for state funding. Documentation recognized by the 23 department as appropriate shall be limited to one of the following: 2.4 25 W 2 withholding forms. 26 2. Payroll stubs. 27 3. Income tax returns. 28 4. Forms approving or denying unemployment 29 compensation or workers' compensation. 30 5. Written verification of wages from employer. 31

6. Written verification from public welfare agencies 2 or any other governmental agency which can attest to the patient's income status for the past 12 months. 3 4 7. A witnessed statement signed by the patient or responsible party, as provided for in Pub. L. No. 79 725, as 5 6 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 8 Hill Burton Act. The statement shall include acknowledgment 9 10 that, in accordance with s. 817.50, providing false information to defraud a hospital for the purposes of 11 12 obtaining goods or services is a misdemeanor of the second 13 degree. (d) The department shall conduct an audit or shall 14 15 contract with an independent party to conduct an audit of each state sponsored trauma center's claims to ensure that state 16 17 funding was only provided for eligible trauma patients and 18 medically necessary services. 19 (e) The department's Medicaid program office shall check each claim to confirm that the patient is not covered 2.0 21 under the Medicaid program and shall pay the claim out of the 2.2 Trauma Services Trust Fund. Trauma patients who are eligible 23 for the Medicaid program shall not be considered eligible for 2.4 the state sponsored trauma center program except for Medicaid noncovered services. If a claim is denied by the Trauma 2.5 26 Claims Processing System as a result of Medicaid eligibility 2.7 for Medicaid covered services, the hospital shall submit a 2.8 claim to the Medicaid fiscal agent for payment. (5) State funding shall be at a per diem rate equal to 29 30 \$860 to provisional state approved and state approved trauma

of funding, after which time payment to provisional 2 state approved and state approved trauma centers shall be based on a trauma cost based reimbursement methodology 3 4 developed by the department. The department shall consult with representatives from the hospital industry including the 5 6 Florida Hospital Association, the Association of Voluntary Hospitals of Florida, and the Florida League of Hospitals in the development of the reimbursement methodology. 8 9 (6)(a) To ensure a fair distribution of funds 10 appropriated for state sponsored trauma centers and to ensure that no state sponsored trauma center gains an unfair 11 12 advantage due solely to its ability to bill more quickly than 13 another state sponsored trauma center, the total amount of state funds appropriated in the General Appropriations Act for 14 this section shall be divided into 19 trauma fund accounts 15 with an account for each service area established in s. 16 17 395.402(3). The amount of funds distributed to a service area shall be based on the following formula: 18 19 2.0 21  $SAAA = SATD \times TA$ 22 TTD 23 where: 2.4 SAAA = service area appropriation amount. SATD = uncompensated service area trauma days with ISS 2.5 26 score of 9 or greater. TTD = uncompensated total trauma days with ISS score of 27 2.8 9 or greater for all 19 service areas. 29 TA = total dollars appropriated for state sponsored 30 trauma centers. 31

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(b) The database to be used for this calculation shall 2 be the detailed patient discharge data of the most recently completed calendar year for which the board possesses data. 3 Out of state days that are included in the database shall be 4 5 allocated to the service area where the treating hospital is 6 <del>located.</del> 7 (c) Fifty percent of the funds allocated to those 8 service areas which had one or more trauma centers as of December 1, 1989, shall be distributed to those verified 9 10 trauma centers proportionately based on volume and acuity of uncompensated trauma care provided during the most recently 11 12 completed calendar year for which the board possesses data in 13 a lump sum payment on the date funding becomes available. These trauma centers shall submit claims pursuant to 14 subsection (3) in order to justify this funding. Effective 9 15 months after funding becomes available, any trauma center 16 17 which fails to submit claims for reimbursement equal to or 18 greater than the amount the trauma center received under the initial allocation shall return any unearned funds to the 19 2.0 department for distribution pursuant to paragraph (e). Once 21 this 50 percent lump sum is depleted, a trauma center will be 2.2 reimbursed from the remaining 50 percent of the service area's 23 original allocation. (d) The department shall pay trauma claims on a 2.4 monthly basis. In a given month when the outstanding claims 2.5 will exceed the unexpended funds allocated to a service area, 26 2.7 the department shall pay all of the submitted claims for the 2.8 service area on a pro rata basis. (e) At the end of the fiscal year, the unexpended 29

funds for each service area shall be placed in one large state

trauma account from which all remaining claims are paid

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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.

(5)(7) In order to receive state funding 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.

(6)(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 10. Section 395.404, Florida Statutes, is amended to read:

395.404 Review of trauma registry data; report to central registry; confidentiality and limited release.--

(1)(a) Each trauma center shall furnish, and, upon request of the department, all acute care hospitals shall furnish for department review, trauma registry data as

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prescribed by rule of the department for the purpose of monitoring patient outcome and ensuring compliance with the standards of approval.

- (b) Trauma registry data obtained pursuant to this subsection are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution. However, the department may provide such trauma registry data to the person, trauma center, hospital, emergency medical service provider, local or regional trauma agency, medical examiner, or other entity from which the data were obtained. The department may also use or provide trauma registry data for purposes of research in accordance with the provisions of chapter 405.
- (2) Each trauma center and acute care hospital shall report to the department's brain and spinal cord injury central registry, consistent with the procedures and timeframes of s. 381.74, any person who has a moderate-to-severe brain or spinal cord injury, and shall include in the report the name, age, residence, and type of disability of the individual and any additional information that the department finds necessary. Notwithstanding the provisions of s. 381.74, each trauma center and acute care hospital shall submit severe disability and head injury registry data to the department as provided by rule. Each trauma center and acute care hospital shall continue to provide initial notification of persons who have severe disabilities and head injuries to the Department of Health within timeframes provided in chapter 413. Such initial notification shall be made in the manner prescribed by the Department of Health for the purpose of providing timely

vocational rehabilitation services to the severely disabled or 2 head injured person. (3) Trauma registry data obtained pursuant to this 3 4 section are confidential and exempt from the provisions of s. 5 119.07(1) and s. 24(a), Art. I of the State Constitution. 6 However, the department may provide such trauma registry data 7 to the person, trauma center, pediatric trauma referral 8 center, hospital, emergency medical service provider, local or 9 regional trauma agency, medical examiner, or other entity from which the data were obtained. The department may also use or 10 11 provide trauma registry data for purposes of research in 12 accordance with the provisions of chapter 405. 13 Section 11. Section 395.405, Florida Statutes, is amended to read: 14 395.405 Rulemaking. -- The department shall adopt and 15 16 enforce all rules necessary to administer this part ss. <del>395.0199, 395.401, 395.4015, 395.402, 395.4025, 395.403,</del> 18 395.404, and 395.4045. Section 12. The Department of Health shall establish a 19 task force by August 1, 2004 for the purpose of studying and 20 21 making recommendations regarding the formula for the 2.2 distribution of funds deposited in the Administrative Trust 23 Fund in the Department of Health for distribution pursuant to section 395.403, Florida Statutes, and alternative financing 2.4 options. The task force shall include representatives of the 2.5 Governor's Office, the Department of Health, the Agency for 26 27 Health Care Administration, and representatives from Level I, 2.8 Level II, and pediatric trauma centers, and at least two surgeons. The report of the task force shall be submitted to 29 the Governor, the President of the Senate, and the Speaker of 30 the House of Representatives by January 15, 2005. 31

1	Section 13. <u>Trauma Center Matching Grant</u>
2	Program It is the intent of the Legislature to promote the
3	development of at least one trauma center in every trauma
4	service area. The Trauma Center matching grant program shall
5	be established and administered by the Department of Health.
6	The purpose of the program is to provide start-up funds as an
7	incentive to encourage development of new trauma centers. The
8	grant program shall function as a partnership between state
9	and local governments and private-sector health care
10	providers. Private providers shall provide \$1 in local
11	matching funds for each \$1 grant payment made by the state.
12	Hospitals may apply for matching grant funds by submitting a
13	grant application to the department. Applications shall be
14	competitively reviewed by an independent panel appointed by
15	the secretary of the department. The department may use up to
16	\$2 million annually from the Administrative Trust Fund for
17	this program.
18	Section 14. Subsection (5) of section 318.14, Florida
19	Statutes, is amended to read:
20	318.14 Noncriminal traffic infractions; exception;
21	procedures
22	(5) Any person electing to appear before the
23	designated official or who is required so to appear shall be
24	deemed to have waived his or her right to the civil penalty
25	provisions of s. 318.18. The official, after a hearing, shall
26	make a determination as to whether an infraction has been
27	committed. If the commission of an infraction has been proven,
28	the official may impose a civil penalty not to exceed \$500,
29	except that in cases involving unlawful speed in a school zone
30	$\underline{\text{or}}_{7}$ involving unlawful speed in a construction zone, $\underline{\text{or}}$
31	involving a death, the civil penalty may not exceed \$1,000; or

require attendance at a driver improvement school, or both. If 2 the person is required to appear before the designated official pursuant to s. 318.19(1) and is found to have 3 4 committed the infraction, the designated official shall impose a civil penalty of \$1,000 in addition to any other penalties. 5 6 If the person is required to appear before the designated official pursuant to s. 318.19(2) and is found to have 7 8 committed the infraction, the designated official shall impose a civil penalty of \$500 in addition to any other penalties. If 9 10 the official determines that no infraction has been committed, no costs or penalties shall be imposed and any costs or 11 12 penalties that have been paid shall be returned. Moneys received from the mandatory civil penalties imposed pursuant 13 to this subsection upon persons required to appear before a 14 designated official pursuant to s. 318.19(1) or (2) shall be 15 remitted to the Department of Revenue and distributed into the 16 Administrative Trust Fund created under s. 20.435 to be used by the Department of Health as required under s. 395.403. 18 Section 15. Subsection (13) is added to section 19 318.21, Florida Statutes, to read: 20 21 318.21 Disposition of civil penalties by county 2.2 courts. -- All civil penalties received by a county court 23 pursuant to the provisions of this chapter shall be distributed and paid monthly as follows: 2.4 (13)(a) Notwithstanding subsections (1) and (2), the 25 proceeds from the mandatory civil penalties imposed pursuant 26 27 to s. 318.14(5) shall be distributed as provided in that 2.8 section. 29 (b) Notwithstanding subsections (1) and (2), the proceeds from the fines imposed under s. 318.18(13) and (14) 30 shall be distributed as provided in that section. 31

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Section 16. Section 322.0261, Florida Statutes, is amended to read:

322.0261 Mandatory Driver improvement course;

requirement to maintain driving privileges; failure to

complete; department approval of course certain crashes.--

- (1) The department shall screen crash reports received under s. 316.066 or s. 324.051 to identify crashes involving the following:
- (a) A crash involving death or a bodily injury requiring transport to a medical facility; or
- (b) A second crash by the same operator within the previous 2-year period involving property damage in an apparent amount of at least \$500.
- (2) With respect to an operator convicted of, or who pleaded nolo contendere to, a traffic offense giving rise to a crash identified pursuant to subsection (1), the department shall require that the operator, in addition to other applicable penalties, attend a <u>department-approved</u> departmentally approved driver improvement course in order to maintain driving privileges. If the operator fails to complete the course within 90 days of receiving notice from the department, the operator's driver's license shall be canceled by the department until the course is successfully completed.
- (3) The department shall identify any operator convicted of, or who pleaded nolo contendere to, a second violation of s. 316.075(1)(c)1. or convicted of, or who pleaded nolo contendere to, a second steady red signal violation as provided in s. 316.074(1), which violation occurred within 12 months after the first violation, and shall require that operator, in addition to other applicable
- 31 penalties, to attend a department-approved driver improvement

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not more than 1 year.

course in order to maintain driving privileges. If the 2 operator fails to complete the course within 90 days after receiving notice from the department, the operator's driver's 3 4 license shall be canceled by the department until the course is successfully completed. 5 6 (4) (3) In determining whether to approve a driver 7 improvement course for the purposes of this section, the 8 department shall consider course content designed to promote safety, driver awareness, crash avoidance techniques, and 9 other factors or criteria to improve driver performance from a 10 safety viewpoint. 11 12 Section 17. Paragraph (d) of subsection (3) of section 13 322.27, Florida Statutes, is amended to read: 322.27 Authority of department to suspend or revoke 14 license.--15 (3) There is established a point system for evaluation 16 17 of convictions of violations of motor vehicle laws or 18 ordinances, and violations of applicable provisions of s. 403.413(6)(b) when such violations involve the use of motor 19 vehicles, for the determination of the continuing 20 21 qualification of any person to operate a motor vehicle. The 22 department is authorized to suspend the license of any person 23 upon showing of its records or other good and sufficient evidence that the licensee has been convicted of violation of 2.4 motor vehicle laws or ordinances, or applicable provisions of 25

(d) The point system shall have as its basic element a graduated scale of points assigning relative values to convictions of the following violations:

s. 403.413(6)(b), amounting to 12 or more points as determined

by the point system. The suspension shall be for a period of

1. Reckless driving, willful and wanton--4 points. 2 2. Leaving the scene of a crash resulting in property damage of more than \$50--6 points. 3 4 3. Unlawful speed resulting in a crash--6 points. 4. Passing a stopped school bus--4 points. 5 6 5. Unlawful speed: 7 a. Not in excess of 15 miles per hour of lawful or 8 posted speed--3 points. 9 b. In excess of 15 miles per hour of lawful or posted 10 speed--4 points. 6. A violation of a traffic control signal device as 11 12 provided in s. 316.075(1)(c)1.--4 points. 13 7.6. All other moving violations (including parking on a highway outside the limits of a municipality)--3 points. 14 However, no points shall be imposed for a violation of s. 15 316.0741 or s. 316.2065(12). 16 8.7. Any moving violation covered above, excluding 18 unlawful speed, resulting in a crash--4 points. 9.8. Any conviction under s. 403.413(5)(b)--3 points. 19 Section 18. Subsections (13), (14), and (15) are added 20 21 to section 318.18, Florida Statutes, to read: 22 318.18 Amount of civil penalties. -- The penalties 23 required for a noncriminal disposition pursuant to s. 318.14 are as follows: 2.4 (13) One hundred ten dollars for a violation of s. 25 316.075(1)(c)1. or for a steady red signal violation as 26 27 provided in s. 316.074(1), of which \$60 shall be distributed 2.8 as provided in s. 318.21 and the remaining \$50 shall be remitted to the Department of Revenue for deposit into the 29

Administrative Trust Fund created under s. 20.435 to be used

by the Department of Health as required under s. 395.403.

1	(14) Two hundred sixty dollars for any infraction that
2	results in a crash that causes any bodily injury other than
3	"serious bodily injury" as defined in s. 316.1933(1), of which
4	\$60 shall be distributed as provided in s. 318.21 and the
5	remaining \$200 shall be remitted to the Department of Revenue
6	for deposit into the Administrative Trust Fund created under
7	s. 20.435 to be used by the Department of Health as required
8	<u>under s. 395.403.</u>
9	(15) Notwithstanding any law to the contrary, the
10	clerk of the court shall collect an additional \$10 for each
11	civil violation of chapter 316; \$20 for each offense
12	specifically enumerated in s. 318.17; and \$20 for any other
13	offense in chapter 316 which is classified as a criminal
14	violation. The fines collected under this subsection shall be
15	remitted to the Department of Revenue for deposit in the
16	Administrative Trust Fund under s. 20.435 to be used by the
17	Department of Health as required under s. 395.403.
18	Section 19. Section 322.751, Florida Statutes, is
19	created to read:
20	322.751 Annual surcharge for points
21	(1) Each year the department shall assess a surcharge
22	on each person who has accumulated eight or more points
23	against his or her driver's license during the preceding
24	36-month period.
25	(2) The amount of a surcharge under this section is
26	\$100 for the first eight points and \$25 for each additional
27	point.
28	(3) The department shall notify the holder of a
29	driver's license of the assignment of a fourth point on that
30	license by first-class mail sent to the person's most recent
31	address as shown on the records of the department.

1	(4) This section does not apply to a conviction that
2	becomes final before July 1, 2004.
3	(5) All moneys due under this section shall be billed
4	and collected by the Department of Highway Safety and Motor
5	Vehicles or its designee for deposit in the Highway Safety
6	Operating Trust Fund. Of the moneys collected annually, the
7	department shall retain the actual cost of developing,
8	implementing, and administering the driver responsibility
9	program. The remainder shall be transferred at least quarterly
10	to the Administrative Trust Fund created under s. 20.435 to be
11	used by the Department of Health as required under s. 395.403.
12	Section 20. Paragraph (a) of subsection (2) of section
13	316.193, Florida Statutes, is amended to read:
14	316.193 Driving under the influence; penalties
15	(2)(a) Except as provided in paragraph (b), subsection
16	(3), or subsection (4), any person who is convicted of a
17	violation of subsection (1) shall be punished:
18	1. By a fine of:
19	a. Not less than \$250 or more than \$500 for a first
20	conviction.
21	b. Not less than \$500 or more than \$1,000 for a second
22	conviction; and
23	2. By imprisonment for:
24	a. Not more than 6 months for a first conviction.
25	b. Not more than 9 months for a second conviction.
26	3. For a second conviction, by mandatory placement for
27	a period of at least 1 year, at the convicted person's sole
28	expense, of an ignition interlock device approved by the
29	department in accordance with s. 316.1938 upon all vehicles
30	that are individually or jointly leased or owned and routinely
31	operated by the convicted person, when the convicted person

1	qualifies for a permanent or restricted license. The
2	installation of such device may not occur before July 1, 2003.
3	4. In addition to the fines and penalties established
4	in this subsection, the court shall impose a surcharge, to be
5	collected by the department and to be subject to a court's
6	determination of financial ability to pay, as follows:
7	a. Each year the department shall assess a surcharge
8	on each person who has a final conviction during the preceding
9	36-month period for an offense relating to s. 316.193.
10	b. The amount of a surcharge under this section is
11	\$500 per year, except that the amount of the surcharge is:
12	(I) Seven hundred fifty dollars per year for a second
13	or subsequent conviction within a 36-month period; and
14	(II) One thousand dollars for a first or subsequent
15	conviction if the blood-alcohol level of the person was 0.20
16	or higher at the time the analysis was performed.
17	c. A surcharge under this section for the same
18	conviction may not be assessed in more than 3 years.
19	d. This section does not apply to a conviction that
20	becomes final before July 1, 2004.
21	e. All moneys due under this subparagraph shall be
22	billed and collected by the Department of Highway Safety and
23	Motor Vehicles or its designee for deposit in the Highway
24	Safety Operating Trust Fund. Of the moneys collected annually,
25	the department shall retain the actual cost of developing,
26	implementing, and administering the driver responsibility
27	program. The remainder shall be transferred at least quarterly
28	to the Administrative Trust Fund created under s. 20.435 to be
29	used by the Department of Health as required under s. 395.403.
30	Section 21. Section 794.056, Florida Statutes, is
31	amended to read:

794.056 Rape Crisis Program Trust Fund. --2 (1) The Rape Crisis Program Trust Fund is created within the Department of Health for the purpose of providing 3 4 funds for rape crisis centers in this state. Trust fund moneys shall be used exclusively for the purpose of providing 5 services for victims of sexual assault. Funds deposited in the 7 trust fund shall include revenues as provided by law, moneys as appropriated by the Legislature, and grants from public or 8 private entities. Funds credited to the trust fund consist of 9 10 those funds collected as an additional court assessment in each case in which a defendant pleads quilty or nolo 11 12 contendere to, or is found quilty of, regardless of 13 adjudication, an offense defined in s. 784.011, s. 784.021, s. 784.03, s. 784.041, s. 784.045, s. 784.048, s. 784.07, s. 14 784.08, s. 784.081, s. 784.082, s. 784.083, s. 785.085, or s. 15 16 794.011. 17 (2) The Department of Health shall establish by rule, consistent with s. 794.055(3)(a), criteria for distributing 18 moneys from the trust fund to the statewide nonprofit 19 association the primary purpose of which is to represent and 20 21 provide technical assistance to rape crisis centers for 22 distribution to rape crisis centers. 23 (3) In accordance with s. 19(f)(2), Art. III of the State Constitution, the Rape Crisis Program Trust Fund shall 2.4 be terminated on July 1, 2007, unless terminated sooner. 25 26 Before its scheduled termination, the trust fund shall be 27 reviewed as provided in s. 215.3206(1) and (2). 2.8 Section 22. Section 322.7525, Florida Statutes, is created to read: 29 30 322.7525 Notice of surcharge.--31

1	(1) The department shall notify the holder of a
2	driver's license of the assessment of a surcharge on that
3	license by first-class mail sent to the person's most recent
4	address as shown on the records of the department. The notice
5	must specify the date by which the surcharge must be paid and
6	and state the consequences of a failure to pay the surcharge.
7	(2) If, before the 30th day after the date the
8	department sends a notice under s. 322.751, s. 322.7515, s.
9	322.7516, or s. 327.732, the person fails to pay the amount of
10	a surcharge on the person's license or fails to enter into an
11	installment payment agreement with the department, the license
12	of the person is automatically suspended.
13	(3) A license suspended under this section remains
14	suspended until the person pays the amount of the surcharge
15	and any related costs.
16	Section 23. Section 322.753, Florida Statutes, is
17	created to read:
18	322.753 Installment payment of surcharges
19	(1) The department shall by rule provide for the
20	payment of a surcharge in installments.
21	(2) A rule under this section:
22	(a) May not permit a person to pay a surcharge:
23	1. Of less than \$2,300 over a period of more than 12
24	consecutive months; or
25	2. Of \$2,300 or more over a period of more than 24
26	consecutive months.
27	(b) May provide that if the person fails to make a
28	required installment payment, the department may declare the
29	amount of the unpaid surcharge immediately due and payable.
30	(3) The department may by rule authorize the payment
31	of a surcharge by use of a credit card. The rules shall

1	require the person to pay all costs incurred by the department
2	in connection with the acceptance of the credit card.
3	(4) If a person pays a surcharge or related cost by
4	credit card and the amount is subsequently reversed by the
5	issuer of the credit card, the license of that person is
6	automatically suspended.
7	(5) A license suspended under this section remains
8	suspended until the person pays the amount of the surcharge
9	and any related costs.
10	Section 24. <u>Section 395.4035</u> , Florida Statutes, is
11	repealed.
12	Section 25. The Department of Highway Safety and Motor
13	Vehicles shall determine the level of funding necessary to
14	implement sections 19 and 20 of this act with department
15	resources. If the department determines that such services
16	could be provided more effectively or efficiently, the
17	department may consider outsourcing proposals through
18	competitive processes. Notwithstanding the provisions of
19	chapter 287, Florida Statutes, in the event that less than
20	four responsive bids are received, the department shall
21	continue implementation with in-house resources.
22	Section 26. There is appropriated \$250,000 from the
23	Highway Safety Operating Trust Fund for initial development
24	start-up costs related to sections 19 and 20 of this act. The
25	Department of Highway Safety and Motor Vehicles shall submit a
26	budget amendment for approval by the Legislative Budget
27	Commission, pursuant to chapter 216, Florida Statutes, upon
28	determination of the additional budget amounts by
29	appropriation category that are necessary for full
30	implementation.

1	Section 27. Of the funds received in the
2	Administrative Trust Fund, the Department of Health shall
3	retain 91.67 percent of monthly collections in the
4	Administrative Trust Fund. The remaining 8.33 percent of
5	monthly collections shall be distributed to the Rape Crisis
6	Program Trust Fund, up to a maximum annual distribution of \$4
7	million. Once the \$4 million cap is reached for the Rape
8	Crisis Program Trust Fund, 100 percent of collections shall be
9	retained in the Administrative Trust Fund in the Department of
10	Health. Annual collections in excess of \$55 million shall be
11	transferred as follows: \$5 million to the Brain and Spinal
12	Cord Injury Program Trust Fund for the purpose set forth in
13	section 381.79, Florida Statutes, and the remainder to the
14	General Revenue Fund.
15	Section 28. There is appropriated from the
16	Administrative Trust Fund in the Department of Health the sum
17	of \$31,591,454 to provide funding for verified and provisional
18	trauma centers pursuant to section 395.403, Florida Statutes,
19	and \$4 million from the Rape Crisis Program Trust Fund in the
20	Department of Health for the purpose of providing services for
21	victims of sexual assault.
22	Section 29. This act shall take effect July 1, 2004.
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1	STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
2	COMMITTEE SUBSTITUTE FOR <u>CS for SB 2842</u>
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4	Limits applications of hospitals seeking approval to operate
	where there is no existing trauma center until completion of a review of the trauma system by the Department of Health.
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7	Expands the timeframe for which trauma centers are eligible to receive payments to those approved by the department during
8	the fiscal year in which funds are appropriated rather than to only those approved as of July 1 of the year.
9	Authorizes the Department of Highway Safety and Motor Vehicles to determine the level of funding necessary to implement
10	assessment of surcharges and fines; to notify drivers affected by additional penalties and fines; to bill and collect, and to
11	administer the driver responsibility program; and allows for outsourcing these functions.
12	Requires the Department of Health to complete an assessment of
13	the current trauma system and deletes the limitation that there be no more than a total of 44 state-sponsored trauma
14	centers in Florida.
15	Clarifies that for fiscal year 2005-06 and thereafter, the Department of Health shall allocate funds not disbursed for
16	trauma readiness and preparedness to provisional trauma centers and trauma centers based on volume, acuity, and levels
17	of uncompensated trauma care.
18	Appropriates \$250,000 from the Highway Safety Operating Trust Fund for initial start-up costs related to the driver
19	responsibility program; and instructs the department to submit a budget amendment to the Legislative Budget Commission if the
20	appropriation is insufficient to fully implement the program.
21	Provides for distribution of collections in the Administrative Trust Fund in the Department of Health. Appropriates
22	\$31,591,454 from the Administrative Trust Fund for verified and provisional trauma centers and \$4,000,000 from the Rape
23	Crisis Program Trust Fund for services for victims of sexual assault.
24	Requires the Department of Health to establish a task force to
25	study and make recommendations regarding the formula for the distribution of funds deposited in the Administrative Trust
26	Fund.
27	Establishes a trauma center matching grant program in the Department of Health.
28	Revises the civil penalty for all violations specified in
29	chapter 316, for offenses specifically identified in s. 318.17, F.S., and for all criminal violations in chapter 316;
30	increases fine for running a red light and any infraction resulting in a crash causing bodily injury other than serious
31	bodily injury; imposes mandatory civil penalties for persons who are required to appear before a designated official for
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CODING: Words stricken are deletions; words underlined are additions.

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committing a traffic infraction resulting in a crash causing
       death or serious bodily injury; increases the number of accumulated points on which the surcharge for driving under the influence within the preceding thirty-six month period is
       assessed; removes the annual monetary penalty for driving
       without a license or driving with a revoked or suspended license; removes the annual monetary penalty for driving without insurance, proof of insurance, or a bond to cover liability arising out of the use of a motor vehicle.
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